

Section 1: Executive Summary

1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on February 19, 2024 it was resolved that the Intern and PGY2 training programs at Peninsula Health, 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, Peninsula Health 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 prevocational doctors working in the new posts.
- Any changes to prevocational medical training programs or terms including changes in role of the prevocational 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 prevocational 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	2
Standards Met	59	47
Standards Substantially Met	0	8
Standards Not Met	0	2

Outcomes of the 56 PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	2
Standards Met	54	44
Standards Substantially Met	1	7
Standards Not Met	1	3

1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	<p>A positive and engaged culture emulated by supportive, approachable and motivated senior medical staff, Executive, Medical Workforce and Medical Education Units. This was reflected by the strong attendance at all of the survey team meetings.</p> <p>There were no reports of bullying, discrimination, or harassment during this visit</p>	1.2.1
2	Frankston Emergency Department to be commended for the education program led by Dr Ben Cheung with particular praise for the continuance of daily debriefing with the JotForm's system	5.2.3
3	The Paediatric unit orientation and teaching programs were considered of high value coupled with the support provided by the unit as a whole.	3.1.3b, 5.2.3, 8.2.2
4	<p>Rosebud Hospital has a collaborative and supportive model across the facility with its multimodal approach to learning.</p> <p>Rostering and workload were frequently mentioned as being supportive along with the ability for intern involvement in presentation (M&M, case presentation and radiology).</p>	1.3.1
5	Peninsula Health offers a robust and broad PGY2 education program.	2.1.1
6	The opportunity for prevocational doctors to attend a career afternoon which was attended by all units in the health service to provide advice and support.	7.2.4a
7	The establishment of two new committees to support prevocational doctors – Prevocational Medical Education Committee (PVMEC) and Training Review and Interventional Support Committee (TRISC)	1.1.2
8	Robust and accessible processes to identify and support prevocational doctors who are experiencing personal or professional difficulties	7.2.4b

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	All surgical interns are rostered and actively participate in at least one theatre session per week. Condition 2, 2018	3.1.1	Moderate
2	Facilitate intern exposure to admissions experience including assessment and initial management of patients within medical rotations. Condition 3, 2018	3.1.1	Moderate
3	Ensure formal unit orientation occurs at the commencement of every rotation coupled with appropriate monitoring of same. Recommendation 4, 2018	3.1.3b	High
4	Review workload and distribution of surgical units. In particular, Surgical Unit 1 at Frankston Hospital, surgical HMO cover overnight and O&G. Recommendation 7, 2018	7.2.2	High
5	Review and improve the management and cover of leave, both planned and unplanned to optimise prevocational doctor wellbeing and safe patient care. Recommendation 8, 2018	7.2.2, 7.2.5	High
6	Secure the MEWO role on an ongoing basis and ensure adequate EFT allocation to be able to undertake the following key tasks. Facilitate and formalise the evaluation of: <ol style="list-style-type: none"> 1. assessment data of teaching and distributing results to units for action; 2. program supervision feedback data; and 3. quality of teaching feedback data. 	4.2, 5.1.4, 6.1	Moderate

7	Ensure consistent delivery of high-quality safe patient care. 1. A prevocational doctor should not be the most senior medical staff member at a MET call. 2. Ensuring interns are not providing supervision to other prevocational medical staff, especially Australian Doctors' Trained Overseas	7.2.2	Extreme
8	Make 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 prevocational 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	Evaluation of the formal review of both the DCT and MEWO EFT restructure, particularly at the end of the current 6 month pilot. Recommendation 2, 2018	1.2.1
2	Formalise the allocation of Term Supervisor process for all prevocational doctors prior to each rotation commencing to enable regular formal and informal interaction and feedback. Recommendation 3, 2018	1.2.3, 5.2.1
3	Provide additional supports for interns and PGY2's to attend formal education program by increasing awareness throughout hospital staff, diverting or covering phones, pagers and task manager. Actively encouraging JMO's to attend. Continue providing recorded teaching	4.2
4	Ensure safe, formal and supported clinical handover between terms for JMO's occurs. Consideration for ROVER implementation and consistency across units	3.1.3c
5	Regular evaluation of effectiveness of supervision regular evaluation to be completed and data used to improve training and supervision	8.1.4
6	Access to education through computers and library	8.3.1

1.6 Risk Rating

PMCV apply a risk management framework to all conditions. Below demonstrate risk categories and consequences as well as the process to assign a risk rating.

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

Risk Rating						
Likelihood	Consequence					
	5	4	3	2	1	
	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		Consequence		Risk Rating	Rectification Timeframe
5	Almost Certain	5	Extreme	Extreme	Within 3 months
4	Likely	4	Major	High	3-6 months
3	Possible	3	Moderate	Moderate	6-9 months
2	Unlikely	2	Low	Low	6-9 months
1	Rare	1	Negligible		

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

