

POSTGRADUATE MEDICAL COUNCIL OF VICTORIA INC.

ACCREDITATION SURVEY VISIT REPORT

Hume Region VRGP- Murray to the
Mountains Intern Program (M2M)

Date of survey visit: 5-6 December 2023

Date of report: May 2024



Accreditation Survey Report

Section 1: Executive Summary

1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on 20 May 2024 it was resolved that the Intern training program at Hume Region VRGP – Murray to Mountains Intern Program (M2M), 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, Hume Region VRGP – Murray to Mountains Intern Program (M2M) is expected to notify the PMCV Accreditation Committee of the following during the accreditation cycle:

- The planned introduction of new intern 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

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	5
Standards Met	59	48
Standards Substantially Met	0	1
Standards Not Met	0	5

1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	The demonstrated commitment to education and training from both the program and senior doctors provides an exceptionally supportive program which fosters both the retention and return of doctors pursuing vocational General Practice pathways.	1.1.3, 2.1.1
2	The training and clinical education program is outstanding. Offering learner centred training, with flexible options throughout the rotations.	1.1.3, 1.3.1, 2.1, 4.1a, 4.1b, 7.2.1, 7.2.4b
3	The fostering of relationships across the region to deliver the greatest breadth of clinical exposures for interns is a standout. The GP clinics deliver high-quality and diverse rotations empowering interns to gain experiences not available elsewhere.	2.1

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	Review the current duties and supervision at external services. Whilst broad generalist experience is encouraged there needs to be at least 60% of time at the general practice clinic in a traditional GP role. The other 40% can be allocated as per interest of the trainee with a supervisor from the accredited prevocational practice.	1.2.2, 8.1.1	Critical
2	Revise physical safety barriers within clinical rooms. Especially at Benalla Church Street where there is no duress button present in a new clinical room.	8.3.2	Critical
3	Improve visibility of key roles across the program in particular the Director of Clinical Training (DCT) to ensure key team members at GP clinics are aware of the team. Ensure program escalation procedures are highlighted in particular at the Mansfield and Mount Beauty clinics.	1.4.2	Moderate

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	Information to be distributed to all practices around the revised National framework to ensure transparency and understanding across the network.	1.4.2
2	Review and streamline the orientations undertaken at each clinic to ensure consistency.	3.1.3b

1.6 Risk Rating

PMCV applies 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						
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	9-12 months

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