

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 21 October 2024 it was resolved that the PGY1 and PGY2 training programs at Bairnsdale Regional Health Service, 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 **2028** subject to satisfactory progress of conditions based on risk rating timeframes, as required by PMCV during the period of accreditation, refer to *PMCV CMP guide for Health Services*
 - A **Mid cycle review** will be conducted in 2026.
 - The next **Accreditation survey visit** will occur in 2028.

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, Bairnsdale Regional Health Service is expected to notify the PMCV Accreditation Committee of the following during the accreditation cycle:

- The planned introduction of new PGY1 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 PGY1 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 72 PGY1 Standards | Health Service Self-assessment | PMCV Survey team assessment |
|-----------------------------------|--------------------------------|-----------------------------|
| Standards Met with Merit | 0 | 8 |
| Standards Met | 72 | 61 |
| Standards Substantially Met | 0 | 2 |
| Standards Not Met | 0 | 1 |

| Outcomes of the 71 PGY2 Standards | Health Service Self-assessment | PMCV Survey team assessment |
|-----------------------------------|--------------------------------|-----------------------------|
| Standards Met with Merit | 0 | 10 |
| Standards Met | 71 | 59 |

| | | |
|-----------------------------|---|---|
| Standards Substantially Met | 0 | 0 |
| Standards Not Met | 0 | 2 |

1.3 Commendations of accreditation

| Number | Commendation | Standard/s |
|--------|---|-------------------|
| 1 | Bairnsdale Regional Health Service's dedication to their Prevocational doctors was evident throughout the survey visit, with a motivated, proactive and caring executive team and senior medical staff with a supportive culture amongst the medical staff. | 1.1.1 |
| 2 | The Medical Education team at Bairnsdale Regional Health Service exceed expectations with training opportunities and have a drive to set the Prevocational doctors up for success | 1.2.2 |
| 3 | Bairnsdale Regional Health Service has consistently been at the forefront of the NFPMT interactions and submissions with PMCV. Providing proactive updates and implementing steps at the health service within the timeframes set. | 1.4.1 |
| 4 | There is a robust educational program that responds proactively to feedback, including opportunities for tailored training where required. The Medical Education Unit is appropriately resourced with the Medical Education Officer actively pursuing additional professional skills that supports their role. | 2.2.1 |
| 5 | Bairnsdale Regional Health offers an exemplary PGY2 education program. The rostered and structured time is protected and was reported to be practical, skill-based and delivered in an engaging manner. | 3.4.2/3.4.4 |
| 6 | Bairnsdale Regional Health Service provide excellent, tailored career advice with a number of direct network connections to facilitate vocational training – especially Rural Generalist and ACRRM. | 4.2.7 |
| 7 | Bairnsdale Regional Health Service proactively track and review rotation outcome statements and adjust training and education accordingly. The Medical Education Unit have exemplary processes in place for the evaluation and tracking of the training, education and overall program. A solid closed-loop feedback process is in place for transparency. | 5.1.1/5.2.1/5.2.2 |

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 | Risk Rating |
|--------|---|------------|-------------|
| 1 | An urgent review of the PGY2 rotation at Bairnsdale Medical Group practice is required, to ensure that adequate orientation, clinical supervision and feedback is provided in a safe environment to support prevocational doctors. | 3.1.3 | Extreme |
| 2 | An urgent review is required of the PGY1 rotation within the General Medical Unit – Bairnsdale Medical Group team to align with the approach to clinical supervision, and consistent support for prevocational doctors with the Macleod Street Medical Clinic team of the General Medical Unit. All VMOs to be rostered adequate time on the ward with prevocational doctors to provide support across clinical learning and patient safety. | 3.1.3 | Extreme |
| 3 | Bairnsdale Regional Health Service to create a safe, secure and accessible area that is removed from the clinical work areas as a dedicated JMO Lounge. | 3.5.2 | 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 | A review is required into planned leave management and cover, particularly within the General Medical Unit (GMU), BMG team, to ensure that the Prevocational doctor's workload is not excessive. | 1.4.3 |

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 | | | | | | |
|-------------|-------------|---------|---------|--------|--------|--------|
| 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 | |
|------------|----------------|
| 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*.