

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 Bendigo 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 **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, Bendigo Health 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	1
Standards Met	69	65
Standards Substantially Met	2	4
Standards Not Met	1	2

Outcomes of the 69 PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	1
Standards Met	62	58
Standards Substantially Met	8	5
Standards Not Met	1	5

1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	Bendigo Health has an embedded and well-structured assessment review panel that has transitioned effortlessly to include a more robust review of prevocational doctors' longitudinal assessment information	2.3.4
2	Bendigo Health prevocational doctor support structures that have been created both internally and externally is highly commendable. <ul style="list-style-type: none"> Including the hot and cold debrief within units with access to mentoring during report writing with the DCMO Quality. A strong GP network across the community has also been well maintained and is accessible by prevocational doctors in need. 	4.2.5

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 into the PGY2s afterhours workload and supervision across both the medical and surgical wards. The patient load in both units is dangerously high for one Registrar and one PGY2 per area and resulting in prevocational doctor fatigue and potential patient safety incidents.	1.3.2/3.1.3/3.2.1	Extreme
2	Bendigo Health to undertake an urgent after hours rostering and supervision review of the Intensive Care Unit. PGY2 is alone on the Unit when the ICU registrar responds to Codes and MET calls overnight.	1.3.2/3.1.3/3.2.1	High
3	Bendigo Health to review the reporting line of the Medical Workforce Unit to ensure the unit is aligned with the Medical Education Unit to strengthen the clinical governance of the Prevocational Medical Training Program	1.3.3	Moderate
4	Planned leave management processes to be reviewed with missed backfill of critical shifts creating patient safety issues, especially overnight.	1.4.3/4.2.3	High

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	Bendigo Health to review the current structure and EFT of the Medical Education Unit to be in line with the PMCV Guidelines for Medical Education Units.	1.4.1
2	All surgical or procedural PGY1 rotations that have been allocated clinical experience D must include rostered and protected theatre time.	3.1.3
3	Bendigo Health to investigate the implementation of additional lines of feedback evaluation across the areas of Prevocational doctor training, education and support.	3.3.3
4	Unit orientation is inconsistent across the health service. Bendigo Health to implement a more structured, formal and operationally practical process.	3.4.3
5	Bendigo Health to investigate the creation of formal processes/protocols with the different communication methods utilised for the allocation of tasks across the health service – including TaskList/phones/Whiteboards etc.	4.2.1

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*.