

## 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 Echuca Regional 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, Echuca Regional 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	3	8
Standards Met	68	57
Standards Substantially Met	1	4
Standards Not Met	0	3

Outcomes of the 71 PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	3	7
Standards Met	68	57
Standards Substantially Met	0	6
Standards Not Met	0	1

### 1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	<p>There is a strong drive to align health equity across the communities it serves embedded from the Executive down.</p> <p>There are clear collaborative actions to ensure that the local Aboriginal and Torres Strait Islander communities' have a safe space, with the inclusion of a present and active Aboriginal Liaison Unit across the facility.</p>	1.1.2, 1.3.4
2	<p>There are extensive cultural education opportunities, ranging from internal and online modules to a full day out with the community.</p> <p>The Aboriginal Liaison Unit enthusiastically provides training and education on the floor as required. The Unit are actively bridging the gap between patients and doctors through education.</p>	1.2.1, 1.2.2, 2.2.3
3	<p>There is a robust educational program that responds proactively to feedback which includes generous opportunities for simulation sessions.</p> <p>There are further opportunities for professional and clinical development, including programs in leadership, wellness, clinical and cultural options.</p>	2.2.1
4	<p>Excellent physical facilities - including the education building, library, lounges and breakout spaces. Accommodation offerings are also very good, with both onsite and quality holiday rentals away from the health service options.</p>	3.5.1

### 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	ERH to ensure a formal supervision structure is implemented as a priority within the RAPS unit, to ensure that the PGY2 is not supervising the PGY1 to ensure both patient and prevocational doctor safety and wellbeing.  ERH to ensure a minimum of two face-to-face contacts occurs with a supervisor to occur daily.	2.1.2, 3.2.1	High
2	An urgent review into the workload and supervision of the evening and nights cover is required. Subacute patients are not being reviewed afterhours due to the workload of the PGY2s rostered on the medical and surgical wards, including the HDU. Weekend surgical cover also requires a review with additional hours required consistently on Saturday's half-day shift due to workload.	3.1.3, 4.2.3	High
3	Unit orientation is inconsistent across the health service. Formal and structured templates should be implemented to ensure consistency.	3.4.3	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	Prevocational doctors to be included in Governance Committees that are related to their training and education as members.	1.3.6
2	Theatre/list access to be reviewed for the PGY2 allocated to the Anaesthetics/HDU rotation and clinical experiences to be adopted accordingly.	3.1.3
3	Theatre/list access to be reviewed for the Prevocational doctors in the Surgical unit. There are inconsistencies with attendance as Prevocational doctors are optionally attending on list preference.	3.1.3
4	The formal PGY1 education program is a mandatory component of training and as such should have paid attendance. This includes PGY1s who are rostered off but still attend at the time of education.	3.4.4
5	Implement clear and structured processes for the dissemination of outcomes from Committees involved in the decision making of the Prevocational doctors.	4.3.2

## 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*.