

## Section 1: Executive Summary

### 1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on 16 December 2024 it was resolved that the PGY1 and PGY2 training programs at Monash 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, Monash 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.

<b>Outcomes of the 71 PGY1 Standards</b>	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	3	4
Standards Met	66	61
Standards Substantially Met	3	5
Standards Not Met	0	1

<b>Outcomes of the 68 PGY2 Standards</b>	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	3	3
Standards Met	61	51
Standards Substantially Met	7	10
Standards Not Met	0	4

## 1.3 Commendations of accreditation

<b>Number</b>	<b>Commendation</b>	<b>Standard/s</b>
<b>1</b>	There is a clear collaborative approach to cultural safety and inclusion, that includes a present and active Aboriginal Liaison Unit across the facility. The unit contributes to the education, training and support of Prevocational doctors.	1.1.2
<b>2</b>	Monash Health provide a robust support system for Prevocational doctors in need. The ability to self-refer through the Medical Education Officers with the updated terminology of "Individual Learning Plans" for the program sets the service apart from their peers.	2.5.1
<b>3</b>	Monash Health has a strong culture of engagement and support for Prevocational doctors which provides a focus on teaching and education. This is clearly prioritised by the health services leadership and flows to all levels with a team of highly engaged, committed and accessible Senior Medical Staff.	3.2.3

## 1.4 Conditions of accreditation

Conditions are set when there is a 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.

### Outstanding Conditions / Recommendations of Accreditation from 2019 survey visit

Number	Condition	Standard/s	Risk Rating
1	Monash Health to ensure that all PGY1 doctors have access to and are supported to attend theatre sessions during rotations allocated to Clinical Experience D. <b>See Condition 3/2019</b>	3.1.3	High
2	Monash Health to review and update the PGY2 education program and communicate to clinical units the importance of supporting the PGY2s to attend in line with the revised NFPMT. <b>See Recommendation 4/2019</b>	3.4.2/3.4.4	Medium
3	Monash Health to implement a structured, formal and consistent orientation at the start of each rotation. <b>See Condition 7/2019 and Recommendation 5/2019</b>	3.4.3	High
4	Monash Health to clarify and streamline unrostered overtime claiming processes to ensure that Prevocational doctors are supported to claim for payment of hours worked, and to communicate this process to PDs and Units. <b>See Recommendation 4/2019</b>	4.2.3	High
5	Monash Health to implement clear and structured processes for the dissemination of outcomes from Committees that impact on Prevocational doctors.  Monash Health to increase awareness of the JMARC and Education and Training Committee to the Prevocational doctor cohort. <b>See Recommendation 6/2019</b>	4.3.2	Medium

### New Conditions of Accreditation from 2024 survey visit

Number	Condition	Standard/s	Risk Rating
6	Monash Health to develop standard operating procedures that ensure PMCV is notified of any new or proposed changes for Prevocational posts via the online application form on the PMCV website prior to commencement of each position.	1.4.2	Critical
7	Monash Health to ensure that all PGY2 Term Descriptions are completed and compliant within timeframes set by the PMCV, as the delegated accreditation authority for Prevocational Medical Training in Victoria.	2.2.2	Critical

### 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	Monash Health to provide multiple opportunities across the year for Prevocational doctors to join and/or understand the roles of the Governance Committees that determine the training program and the decisions that are made within them.	1.3.6 / 5.2.2
2	Monash Health to create, maintain and nurture relationships with the Medical Workforce/ Education Units of their prevocational doctor secondment sites to ensure any issues or concerns are identified and addressed	1.5.1
3	Monash Health to implement a formal and structured process for the completion, collation and systematic evaluation of the assessments for PGY2 doctors.	2.4.1
4	Monash Health to review the PGY2 workload and composition of the following units to ensure that there is a balance between service provision and learning/training outcomes: <ul style="list-style-type: none"><li>• Medical Oncology – Monash Moorabbin</li><li>• Neurology/Stroke – Monash Clayton</li></ul>	3.1.3
5	Monash Health to review the PGY2 frequency of same day allocation changes in the Emergency Department at Casey Hospital. Monash Health to ensure that the department adheres to the no more than 30% of time allocated to a Short Stay unit during an emergency rotation.	3.1.3
6	Monash Health to investigate the implementation of additional lines of feedback evaluation across the areas of Prevocational doctor supervision.	3.3.3
7	Monash Health to review and designate quiet spaces for Prevocational doctors to use at both Casey and Dandenong hospital away from the clinical atmosphere for wellbeing. A Prevocational doctor Lounge space also to be provided at the Victorian Heart Hospital.	3.5.2
8	Monash Health to ensure that there is a clear understanding that PGY1s are not expected to complete and present Mental Health tribunals alone at any time.	4.2.3
9	Monash Health to implement and communicate a formal careers advice session that is available to all Prevocational doctors.	4.2.7

### 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*.