

Section 1: Executive Summary

1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on 18 November 2024, it was resolved that the PGY1 and PGY2 training programs at Central Gippsland 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, Central Gippsland 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 PGY1 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	0
Standards Met	60	46
Standards Substantially Met	10	11
Standards Not Met	2	12

Outcomes of the PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	0
Standards Met	55	45
Standards Substantially Met	14	14
Standards Not Met	2	9

1.3 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	Central Gippsland Health Service to develop defined fractional expectations within the Term Supervisor's Clinical Support Time to ensure understanding of the roles and responsibilities of the position.	1.3.3 / 3.2.2	Medium
2	Central Gippsland Health Service 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	Low
3	Central Gippsland Health Service to develop an Assessment Review Panel by the creation of the Terms of Reference for any future domestic trained Prevocational doctors that are recruited.	2.5.1	Medium
4	An urgent review into the PGY1 AM Emergency Department shift is required to ensure that appropriate supervision protocols are in place at all times as well as ensuring that the scope of practice is appropriate to a PGY1 level.	3.1.3 / 3.2.1 / 4.2.3	Extreme
5	Central Gippsland Health Service to develop confidential feedback process across all areas of the prevocational training program to promote the psychological safety of the Prevocational doctors.	3.3.3 / 4.2.4 / 5.1.3 / 5.2.2	High

6	Central Gippsland Health Service to implement a hospital-wide, formal and operationally practical process medically focussed orientation for all Prevocational doctors per rotation changeover. The provision of a structured unit orientation within the Emergency department is required.	3.4.3	High
7	Development of Doctors in Distress policy that enables prevocational doctors to be supported in a confidential and impartial manner.	4.4.1 / 4.4.2	High
8	Central Gippsland Health Service to include Prevocational supervisors (SMS) in the planning and conduct of the PGY1 education program.	5.1.2	Low

1.4 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	Central Gippsland Health Service to refine the current PGY1 education program to target the learning outcomes of the Prevocational doctors, with appropriate topics and presenters.	2.2.1 / 3.4.2
2	Central Gippsland Health Service to ensure that doctors supervising Prevocational doctors are supported to undertake training related to supervision, assessment, feedback in order to fulfill their training roles and responsibilities.	3.2.5 / 3.3.2 / 3.3.4
3	Central Gippsland Health Service to formalise a new strategy for any Aboriginal and Torres Strait Islander Prevocational doctors and their wellbeing and workplace safety.	4.2.2
4	Central Gippsland Health Service to implement a formal careers advice session that is available to all Prevocational doctors.	4.2.7
5	Central Gippsland Health Service to formalise the current Quality Improvement framework to include Prevocational doctor program for individual terms and evaluate program content, education, supervision and assessment.	5.1.1

1.5 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*.