

## Section 1: Executive Summary

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

At the meeting of the PMCV Accreditation Committee held on 20 October 2025 it was resolved that the PGY1 and PGY2 training programs at Mercy 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 2029 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 2027.
- The next **Accreditation survey visit** will occur in 2029.

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, Mercy 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 PGY1 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	9	4
Standards Met	63	57
Standards Substantially Met	1	8
Standards Not Met	0	3

Outcomes of the PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment (WMH)	PMCV Survey team assessment (MHW)
Standards Met with Merit	0	1	2
Standards Met	71	57	61
Standards Substantially Met	0	10	4
Standards Not Met	0	4	1

### 1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	Mercy Health has consistently demonstrated a supportive and inclusive organisational culture at all levels, with no instances of bullying or harassment observed during the visit.	1.1.1
2	Mercy Health has exhibited a clear commitment to expanding and enhancing the prevocational training program, as evidenced by the transition from secondment to direct recruitment.	1.2.1
3	The Mercy Health Senior Consultants at both locations demonstrate a high level of engagement and dedication to teaching and wellbeing. They exhibit a comprehensive understanding of the National Framework requirements, supported by regular meetings and access to professional development opportunities.	3.3.3 3.3.4
4	The Medical Education and Medical Workforce Units provide commendable support and accessible services. Notably, the Medical Education Unit offers pastoral care across both sites despite operating with limited resources.	4.2.5
5	The following units received consistent feedback indicating improvements: orientation in Psychiatry, Paediatrics, Palliative Care, and Obstetrics & Gynaecology, while Emergency was noted for being supportive and providing effective supervision.	
6	Excellent support for JMOs in difficulty, particularly interns – very clear support structures, lots of examples of good support being provided at all levels	2.5.1
7	The PGY1 Mercy Health Education program is protected and received positively by all who are in attendance.	3.4.4

### 1.4 Conditions of accreditation

Conditions reflect breaches 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 Medical Director 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	The documented medical support procedures for Mental Health patients must be clearly communicated to all staff involved in the care of the patient with the Consultant Psychiatrist retaining overall responsibility. <b>Condition 3/2021</b>	3.2.1	High
2	Develop a supportive learning environment for PGY2s to attend the WMH education program by ensuring the program is recognised and supported by all clinical units.	3.4.4	Moderate
3	An immediate review of the Werribee Mercy Health Medical Education Unit to include the following: <ul style="list-style-type: none"> <li>Urgent consideration for increasing resources for the clinical educators at WMH in line with PMCV Guidelines</li> <li>Creation of a defined WMH MEU office space for team collaboration and team-based interactions</li> <li>Inclusion of the evaluation of the education programs and the quality and effectiveness of supervision</li> </ul> <b>Recommendation 2/2021</b>	1.3.3/ 1.4.1	High
4	Implement consistent unit orientation processes in General Medicine, General Surgery, Geriatric Medicine and Obstetrics and Gynaecology so that they include clear documentation and explanation of expectations to be led by the Term Supervisor. <b>Recommendation 6/2021</b>	3.4.3	Moderate
5	Mercy Health to establish a Junior Medical Staff Advisory Group that provides feedback to the Medical Education Committee and supports the creation of a JMO society that is either site-based or health service wide. <b>Recommendation 9/2021</b>	1.3.6/ 4.3.2	Moderate
6	Mercy Health to formally explore the feasibility of extending the opportunity for WMH PGY1 or 2s to be offered a rotation at the MHW Emergency department or other departments	1.2.2/ 1.5.2	Low
7	Werribee Mercy to provide a JMO lounge for the prevocational doctors that is not a shared space or combined with sleeping quarters with Senior Medical Staff	3.5.2	Moderate

### 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	Werribee Mercy Health to formalise the support structures to ensure a culturally safe environment for future Aboriginal and/or Torres Strait Islander prevocational doctors	1.3.4/ 2.1.5/ 4.2.2
2	The centralised Medical Workforce Unit to implement a health service wide system for the allocation of short-term leave vacancies as well explicit pathway for escalating rostering concerns.	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*.