

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 20 October 2025 it was resolved that the PGY1 and PGY2 training programs at St Vincent's Hospital, Melbourne 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, St Vincent's Hospital, Melbourne 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	70	56
Standards Substantially Met	2	7
Standards Not Met	0	9

Outcomes of the PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	0
Standards Met	70	54
Standards Substantially Met	2	8
Standards Not Met	0	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 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	St Vincent's Hospital to reform the governance of the prevocational medical training program to ensure that it is afforded appropriate priority from the Executive team down	1.3.3	High
2	Planned and unplanned leave management processes to be reviewed and updated to ensure that deficits are effectively managed	1.4.3	Medium
3	An urgent review is required into the workload in General Medicine particularly related to the loss of the HMO in the second half of the clinical year across all units. The patient load is very high across the units, resulting in prevocational doctor fatigue and potential patient safety incidents.	3.1.3/ 4.2.3/ 5.2.1	Extreme
4	A review is required into the workload in both the Plastics and Urology units. There has been an increase in the patient load and complexity, with no increase to prevocational staffing, leaving prevocational doctors fatigued and with increased well-being issues.	3.1.3/ 5.2.1	High
5	St Vincent's Hospital to create a PGY2 education program communication strategy to clinical units to re-emphasise the importance of supporting the PGY2s to attend in line with the National Framework	3.4.2/ 3.4.4	Medium
6	St Vincent's Hospital to ensure consistent utilisation of the unit orientation template and track completion rates across the health service.	3.4.3	High
7	St Vincent's Hospital to undertake an urgent review and transformation of the culture within the Plastics unit. There are numerous reports of bullying within the medical team that need to be addressed to create a safe work environment for staff	4.2.1/ 4.2.3/ 4.2.4	Extreme

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	St Vincent's Hospital to review the current EFT of the Medical Education Unit and amend to be in line with the PMCV Guidelines for Medical Education Units.	1.4.1
2	St Vincent's Hospital to review and implement structures across units for prevocational doctors to seek supervisor feedback	2.4.5
3	St Vincent's Hospital to review the PGY2 Specialty Medicine Cover Shift to ensure that escalation protocols for each unit of cover are provided.	3.2.1
4	St Vincent's Hospital 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.	3.2.3/ 3.2.5
5	St Vincent's Hospital to engage the supervisors regarding the National Framework, including the required supervisor training, and any feedback and evaluation updates.	3.3.2
6	St Vincent's Hospital to ensure adequate access to a safe and secure space for the storage of personal items whilst on shift. Additional workspaces to be accessible to prevocational doctors to ensure they have adequate space to complete their administrative work	3.5.2

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*.