

## 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 Western District 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 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, Western District 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 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	1
Standards Met	48	36
Standards Substantially Met	19	13
Standards Not Met	1	13

### 1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	Western District Health Service offers a structured PGY1 education program that is protected and fully supported for all participants. The program is specifically designed to address the preferences and requirements of rotating doctors	3.4.4

### 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 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	Western District Health Service should establish a clearly articulated Medical Education strategy to support the prevocational training program. This should include, at minimum, the appointment of a Director of Clinical Training (or equivalent) in accordance with PMCV Guidelines for effective Medical Education Units. <b>Recommendation 7/2021</b>	1.3.3/ 1.4.1/ 3.2.4	High
2	Western District Health Service are required to strengthen partnerships with local Aboriginal and Torres Strait Islander organisations to expand clinical learning opportunities.	2.2.3	Low
3	An urgent review into the rostering and supervision of the weekend General Surgery PGY1 to ensure that the trainee is always supervised.	3.1.3/ 3.2.1 / 4.2.3	Extreme
4	The medical education unit to implement a review and evaluation process of the following areas: <ul style="list-style-type: none"> <li>• Quality of supervision (3.3.3)</li> <li>• Prevocational training program (5.1.1)</li> </ul> <b>Recommendation 2/2021 and Recommendation 7/2021</b> <ul style="list-style-type: none"> <li>• Quality of supervision and the prevocational program require external and internal data as evidence of improvement works (5.1.4) <b>Recommendation 2/2021 and Recommendation 4/2021</b></li> </ul>	3.3.3/ 5.1.1/ 5.1.4	Moderate

5	Western District Health Service to create a safe, secure and accessible area that is removed from the clinical work areas, such as ward handover rooms to support prevocational doctor learning and wellbeing	3.5.2	Low
6	Western District Health Service to include prevocational supervisors (Senior Medical Staff) in the planning and delivery of the PGY1 education program. <b>Recommendation 1/2021 and Recommendation 2/2021</b>	5.1.2	Moderate
7	Western District Health Service to formalise processes for the outcomes of evaluation activities to be communicated to those involved in the prevocational training program. <b>Recommendation 2/2021</b>	5.2.2	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	Western District Health Service to appoint an Aboriginal Liaison Officer or formalise additional partnerships to develop education program for prevocational trainees with the local Aboriginal and Torres Strait Islander communities'	1.1.2/ 1.3.4
2	Western District Health Service to establish a formal concerns process for prevocational doctors to better support doctors who rotate from their parent health service.	1.3.7/ 2.5.1
3	Western District Health Service to formalise the policies and strategies to provide support and optimise the wellbeing of Aboriginal and Torres Strait Islander prevocational doctors.	2.1.5/ 4.2.2
4	Western District 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.	3.2.2/ 3.2.5/ 3.3.2 / 3.3.4
5	Western District Health Service to implement a formal careers advice session per term that highlights the strengths of the community to pursue a career	4.2.7
6	Implement clear and structured communication processes for the dissemination of outcomes from WDHS Governance meetings involved in the decision making of the Prevocational doctors.	4.3.1/4.3.2

## 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*.