

Section 1: Executive Summary

1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on 17 November 2025 it was resolved that the PGY1 and PGY2 training programs at Albury Wodonga 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, Albury Wodonga 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	0	3
Standards Met	72	52
Standards Substantially Met	0	10
Standards Not Met	0	7

Outcomes of the PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	5
Standards Met	69	49
Standards Substantially Met	0	10
Standards Not Met	0	7

1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	There are clear collaborative actions to ensure that the local Aboriginal and Torres Strait Islander communities have a safe space, with the inclusion of an onsite and active Aboriginal Liaison Unit across the facility.	1.1.1
2	Albury Wodonga Health proactively demonstrate the recognition that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations and ensure flexible processes to enable those obligations to be met.	2.1.5
3	Albury Wodonga Health offers an exemplary PGY2 education program. The rostered and structured time is protected and was reported to be practical, skill-based and delivered in an engaging manner.	3.4.2/ 3.4.4
4	Albury Wodonga Health provide excellent, tailored career advice with a number of direct network connections to facilitate vocational training.	4.2.7

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	Albury Wodonga Health to review the current structure and EFT of the Medical Education Unit to be in line with the PMCV Guidelines for Medical Education Units.	1.3.3/ 1.4.1	Low
2	Albury Wodonga Health to undertake a complete roster review of the General Medicine units, PGY1 at Albury Hospital and PGY2 at Wodonga Hospital to ensure rostered hours are adequate to meet workload.	1.4.3 / 3.1.3/ 4.2.3	Extreme
3	Albury Wodonga Health to consider implementing a dynamic and application based rostering platform to streamline the current rostering and payroll processes.	1.4.3 / 3.5.1	Low
4	Albury Wodonga Health to implement and monitor a structured and robust induction for all locum doctors who are expected to undertake the clinical supervision and/ or assessment responsibilities of prevocational doctors.	3.1.3/ 3.2.1/ 3.2.2/ 3.2.3/ 3.3.3	High
5	Albury Wodonga Health to develop and implement a structured, formal and operationally practical unit orientation process to ensure consistent practice in all units across the health service.	3.4.3	High
6	Albury Wodonga Health to address the IT infrastructure concerns with a specific focus on improving the workload and technology burden on the prevocational doctors across the facility.	3.5.1	High
7	Ensure that outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	4.3.1/ 4.3.2/ 5.1.2/ 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	Albury Wodonga Health will formalise the inclusion of prevocational doctors as members of Governance Committees relevant to their training and education, ensuring they understand both their roles and the committees' functions.	1.3.6
2	Albury Wodonga Health to implement a tailored, interprofessional and confidential feedback/reporting process and communication strategy to empower prevocational doctors to escalate clinical, professional and/or personal concerns.	4.2.5

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						
		Consequence				
		5	4	3	2	1
Likelihood	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
Medium	6-9 months
Low	9-12 months

For more information regarding risk, please refer to *PMCV CMP Guidelines for Health Services*.