

Executive Summary

1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on 15 December 2025 it was resolved that the PGY1 and PGY2 training programs at Peter MacCallum Cancer Centre, 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, Peter MacCallum Cancer Centre 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 PGY2 Standards | Health Service Self-assessment | PMCV Survey team assessment |
|--------------------------------|--------------------------------|-----------------------------|
|--------------------------------|--------------------------------|-----------------------------|

| | | |
|-----------------------------|----|----|
| Standards Met with Merit | 0 | 2 |
| Standards Met | 60 | 52 |
| Standards Substantially Met | 2 | 5 |
| Standards Not Met | 0 | 5 |

1.3 Commendations of accreditation

| Number | Commendation | Standard/s |
|--------|--|------------|
| 1 | Registrars and Senior Medical Staff at Peter MacCallum Cancer Centre show strong commitment, with education and training for prevocational doctors deeply embedded in the institution's culture at all levels. | 3.2.3 |
| 2 | Peter MacCallum Cancer Centre provides a well-organised PGY2 education program with practical, skill-based sessions scheduled in protected time and delivered engagingly. | 3.4.2 |

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 | Peter MacCallum Cancer Centre to establish a formal concern process for prevocational doctors to better support doctors who rotate from their parent health service. | 1.3.7 | Medium |
| 2 | Peter MacCallum Cancer Centre to undertake a roster review of the Medical Oncology and | 1.4.3/ 3.1.3/ 4.2.3 | Extreme |

| | | | |
|---|---|---------------------|--------|
| | Haematology units to ensure rostered hours align with workload. | | |
| 3 | Peter MacCallum Cancer Centre to review the current learning outcomes for the prevocational doctors in the Psychiatry unit and ensure sufficient clinical exposure and opportunity to meet clinical requirements and expectations of a Consultation Liaison term. | 3.1.3/ 3.2.2/ 4.2.3 | Medium |
| 4 | Peter MacCallum Cancer Centre will establish a formalised and comprehensive orientation program for cover shifts. This must specifically address prevocational doctors assigned to teams outside their usual placements | 3.1.3/ 4.2.3 | High |
| 5 | Peter MacCallum Cancer Centre to appoint an overarching Director of Clinical Training to provide oversight of the prevocational training program and its requirements. | 3.2.4 | Medium |

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 | Peter MacCallum Cancer Centre to review the 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 |
| 2 | Peter MacCallum Cancer Centre to implement clear and structured communication processes for the dissemination of outcomes from governance meetings involved in the decision making of the Prevocational doctors. | 4.3.2/ 5.2.2 |
| 3 | Peter MacCallum Cancer Centre to formalise the process for evaluating and acting on provided feedback to improve the prevocational doctor experience. | 5.2.1 |

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 |
| Medium | 6-9 months |
| Low | 9-12 months |

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