



Postgraduate Medical Council
of Western Australia

**2017 - 2018
Annual Report**

Postgraduate Medical Council
of Western Australia



Postgraduate Medical Council
of Western Australia

This report is available online at:

<http://ww2.health.wa.gov.au/About-us/Postgraduate-Medical-Council>

The availability of content, in alternative formats can be provided upon request.

For further information please contact:

Postgraduate Medical Council of Western Australia

189 Royal Street, EAST PERTH WA 6004

PO Box 8172, Perth Business Centre WA 6849

Tel: +61 (08) 9222 2125; Fax: +61 (08) 9222 2130

Email: PMCWA@health.wa.gov.au

ISSN: 2205-0876

Contents

1. Overview of agency	6
2017-2018 highlights	6
Executive summary	8
Operational structure	10
Vision	11
Responsibilities of the Council	12
Council membership	13
Performance management framework	14
2. Agency performance	16
Accreditation	16
Education	18
Centralised recruitment process	22
Community Residency Program	23
3. Significant issues impacting PMCWA	24
4. Disclosures and legal compliance	26
Financial statement 2017-2018	27
Key performance indicators	28
5. Appendix	34

1

Overview of agency

2017-2018 highlights

579

intern applications and

1611

resident medical officer applications were received for the 2019 centralised recruitment processes

74

stakeholders attended the 2018 Medical Education Symposium

360

junior doctors and medical students attended the 2018 Medical Careers Expo

30

junior doctors participated in the Community Residency Program

150

positions advertised in MedJobsWA

320

interns and

853

resident medical officers were placed via the 2018 centralised recruitment processes

24

Accreditation site surveys were conducted

6

professional development sessions were facilitated for junior doctors and those who support them

Establishment

The Postgraduate Medical Council of Western Australia (PMCWA) was founded in 2003 to facilitate the training and education of prevocational doctors. In 2015, Cabinet formally noted the establishment of PMCWA as a Ministerial Council (Council); PMCWA is accountable to the Minister for Health via the Director General, Western Australian (WA) Department of Health (the Department).

PMCWA's establishment is noted under section 11 of the *Health Legislation Administration Act 1984*. PMCWA operates within the principles of the *Public Sector Management Act 1994* and the Department Codes of Conduct.

Function

The Council's function is to act in accordance with the Health Practitioner Regulation National Law, as in force in each state and territory, introduced in 2010.

Day-to-day management of the Council is undertaken by the PMCWA secretariat.

The secretariat reports administratively to the Department, however all matters related to the strategic objectives of the Council are reported to the Chair.

In fulfilling the role of Council, PMCWA operates consistently with the strategic objectives of the Department and does not adversely affect the interest of the Government of WA.

Executive summary

PMCWA provides leadership and support for early postgraduate medical education and training in WA. Founded in 2003, PMCWA was formalised as a Ministerial Council in 2015 and is accountable to the Minister for Health via the Director General of the Department.

Over the 2017-2018 financial year PMCWA achieved, and in some cases exceeded, the key deliverables in the 2018-2023 PMCWA Strategic Plan. This was achieved by the hard work and dedication of Council, the secretariat, PMCWA committees and network groups, the Junior Medical Officer (JMO) Forum and other key stakeholders.

PMCWA works at national, state and local levels to support and improve the education, training and supervision of doctors before they enter a vocational training program. In the 2017-2018 financial year, PMCWA continued to support a number of committees and network groups, including the JMO Forum which provides a platform for prevocational trainees (PVTs) to discuss and action issues relevant to prevocational supervision, education and training, recruitment, accreditation, workforce, allocation and welfare.

PMCWA has delegated authority from the Australian Medical Council (AMC) to accredit postgraduate year (PGY) one positions in WA. PMCWA has once again satisfied the reporting requirements of the AMC and has received notification of ongoing AMC accreditation for another three years, until 2021. PMCWA's accreditation program provides assurance that high standards of prevocational training are achieved for all intern and resident medical officer (RMO) training placements in WA Health and many RMO positions in private hospitals; additionally PMCWA accredits all community residencies, outreach services such as Silver Chain and rural training sites.

In 2017-2018, formal reviews of 134 units and health sites were carried out through 24 PMCWA accreditation site surveys. The achievement of the accreditation program would not be possible without a dedicated team of largely voluntary surveyors working to ensure clinical education and training meets or exceeds approved accreditation standards and criteria.

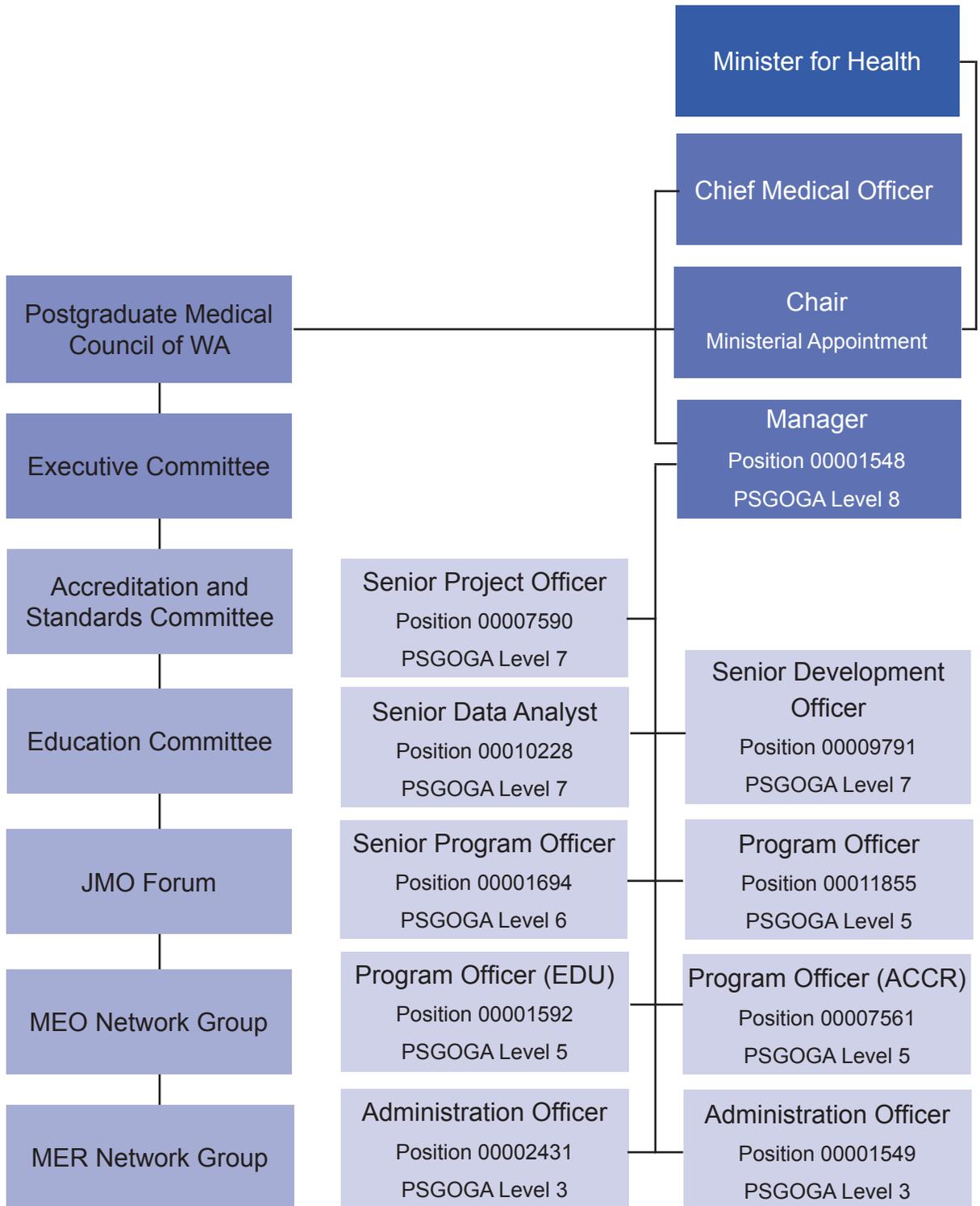
PMCWA provides educational events and programs for junior doctors and those involved in prevocational medical education and training. Key events in 2017-2018 included a Medical Careers Expo, Medical Education Symposium and a number of professional development sessions for junior doctors and those who support them.

PMCWA coordinated the centralised recruitment of 320 interns for placement in 2018; a total of 519 valid 2018 intern applications were received. Through the centralised RMO recruitment, 853 RMOs were recruited for placement in 2018; 1747 RMO applications were received to this process.

The principal challenges for PMCWA will be to continue to seek worthwhile clinical exposure for an increasing number of prevocational doctors, ensuring access to appropriate clinical training sites and to monitor the stretched capacity of JMO supervisors. There will be great pressure in future years to identify additional sites which have both sufficient clinical experience and appropriate supervisors, without dilution of training for our future WA senior medical workforce. Addressing the diversifying needs of the prevocational workforce, prioritising JMO wellbeing, and balancing service provision and education for prevocational doctors will be key issues of importance for PMCWA moving in to the next financial year and beyond.

PMCWA's achievements over the 2017-2018 financial year would not have been possible without the input, collaboration, support and ongoing commitment of the many clinicians, Departments of Postgraduate Medical Education, Council members, committee and network group members and PMCWA secretariat – whose contribution is essential to achieving PMCWA's vision for 'prevocational doctors to be skilled and supported in their work today and well prepared for the future'.

Operational structure



Vision

PMCWA's vision is 'prevocational doctors are skilled and supported in their work today and well prepared for the future'.

Principles

The principles that underpin the way the Council works and makes decisions are:

Leadership

The Council will be well informed and able to provide well considered advice and recommendations on all matters related to postgraduate medical education.

Professionalism

The Council will operate in an ethical and professional manner and demonstrate integrity in all its dealing.

Collaboration

The Council will be inclusive, consultative and constructive in working with members, partners and stakeholders.

Innovation

The Council will encourage and embrace innovation and be open to new ideas.

Proactivity

The Council will be forward thinking, anticipate and respond to issues promptly and show initiative.

Independence

The Council will act and advocate without fear or favour.

Values

The values on which the Council will base its business are:

Trust

The Council will be reliable, impartial and will maintain confidentiality of information that should remain confidential.

Fairness

The Council will ensure all its policies and processes are fair.

Respect

The Council will acknowledge and be considerate of people and their contributions.

Commitment

The Council will be dedicated and enthusiastic in achieving its goals.

Openness

The Council will demonstrate responsibility and accountability in its operations and activities.

Responsibilities of the Council

1. To provide a leadership role in prevocational medical education and training in WA.
2. To provide expert advice to the WA Minister for Health and the Department of Health on prevocational medical education and training, accreditation of medical training positions and prevocational medical workforce issues.
3. To identify, evaluate, monitor and promote medical education and training programs and resources for prevocational medical officers and other non-vocational doctors in collaboration with relevant stakeholders.
4. To undertake the accreditation and monitoring of medical prevocational training positions, the medical training/units and facilities that support prevocational training positions to ensure they meet national and state standards.
5. To notify the WA Board of the Medical Board of Australia (MBA) of the Council's recommendations for accredited PGY1 training positions.
6. To establish and maintain linkages to promote communication with education providers ranging from medical undergraduate to vocational training and continuing medical education, to foster greater sharing of expertise, information and a continuum of learning.
7. To establish, maintain and promote partnerships with the Medical Board of Western Australia, other State/Territory Postgraduate Councils, the Confederation of Postgraduate Medical Education Councils, the Medical Training Review Panel, the Australian Medical Council, a Western Australian junior medical officer's forum and other relevant organisations/ associations/ committees.
8. To monitor and advise on the supply, distribution and demand for prevocational medical officers and other non-vocational doctors in WA.
9. To promote, undertake and/or contribute to health services research regarding prevocational medical officers and non-vocational doctors' education and training, accreditation and workforce issues.
10. To advocate on behalf of PVTs on matters that impact on health and welfare of prevocational medical officers, including matters relevant to safety and quality.

Council membership

Positions on PMCWA's Council are representative. In seeking nominations to Council, consideration is given to ensure appointees have an appropriate balance of skills, qualifications and experience as appropriate to the functions of Council.

In 2018, membership was reviewed in line with establishment requirements, and wider membership was included on Council to adequately represent key stakeholder groups going forward. Alterations to Council membership include the addition of two membership roles: a representative of consumers and a representative of Accreditation surveyors.

Recommendation for appointment is endorsed by the Minister for Health. Representation from stakeholder groups, to ensure significant relevant understanding of the skills and knowledge relevant to the Council, is as follows:

Representative of	Member in 2017	Member in 2018
Chair of Council	Prof Richard Tarala	Prof Richard Tarala
Chief Medical Officer (Deputy Chair)	Prof Gary Geelhoed	Prof David Forbes
Accreditation Surveyors	N/A	Dr Monica Gope
Australian Medical Association (AMA)	Dr Mariana Dorkham	Dr Mariana Dorkham
WA, Doctors in Training (DiT) Committee		
Consumers	N/A	Ms Nicoletta Ciffolilli
Directors of Postgraduate Medical Education	Dr Gregory Sweetman	Dr Gregory Sweetman
PMCWA JMO Forum	Dr Rikki Priest	Dr Jasmin Korbl
Medical Directors, Teaching Hospitals	Dr Mark Salmon	Dr Meredith Arcus
Medical School Deans	Prof Brian Andrews	Prof Gervase Chaney
Private Hospitals	Dr Margaret Sturdy	Dr Margaret Sturdy
Registration Committee, WA State Committee MBA	Prof Constantine Michael	Dr Daniel Heredia
Royal Australasian College of Physicians	Dr Nat Lenzo	Dr Nat Lenzo
Royal Australasian College of Surgeons	Prof Jeffrey Hamdorf	Prof Jeffrey Hamdorf
Royal Australian College of General Practitioners	Dr Tim Koh	Dr Colleen Bradford
WA Country Health Service	Dr Tony Robins	Dr David Oldham

Ex-Officio

Executive Officer, PMCWA

Chair, PMCWA Accreditation and Standards Committee

Chair, PMCWA Education Committee

Representatives, Medical Student Societies

Performance management framework

Workforce enablers	PMCWA key priorities	PMCWA key strategies	Met
WA Health Strategic Intent 2015-2020 Key Enablers - Workforce Strive to be employer of choice with greater attraction, induction and retention strategies.	Development and accreditation of training posts		
	Support the establishment of new accredited training positions to meet the demands of a diverse workforce.	<ul style="list-style-type: none"> Consider methods for optimising the balance between education and service provision. Consider modification of accreditation standards, if required. Explore broader and non-traditional options for prevocational training. 	✓ As required ✓
	Explore the range and characteristics of potential prevocational positions (including Hospital Non-Specialists).	<ul style="list-style-type: none"> Identify and quantify Hospital Non-Specialists and their teaching and learning needs. Develop options to address the diversity of individual and positional education and supervision needs. 	✓ ✓
	Optimise the clinical safety and quality of JMO performance.	<ul style="list-style-type: none"> Monitor for workload, support and performance management through new as well as established accreditation practices. 	✓
	Enhance the relationships between PMCWA and the hospitals and units providing training posts, to support an appropriate education culture.	<ul style="list-style-type: none"> Diplomacy and negotiations. Clear communication of PMCWA's responsibility for accreditation of prevocational positions. 	✓ ✓
	Career transition and support		
	Assist with JMO career pathway planning.	<ul style="list-style-type: none"> Actively engage with doctors to understand their situation, future needs and expectations. Provision of career information. Annual Medical Careers Expo for junior doctors and final year medical students. 	✓ ✓ ✓
	Strengthen the JMO voice and improve communication between PMCWA and JMOs.	<ul style="list-style-type: none"> Develop a PMCWA/JMO communication plan. Explore additional mechanisms for informing the Council and key stakeholders on JMO experience, wellbeing and support. Strengthen processes for identifying and assisting with JMOs' welfare concerns. 	In progress ✓ ✓

Workforce enablers	PMCWA key priorities	PMCWA key strategies	Met
Improve workforce plans and strategies to appropriately manage the PVT workforce across the system and into the future.	Leadership and governance		
	Effective local advocacy for postgraduate medical education and JMO wellbeing.	<ul style="list-style-type: none"> Participate in national and state committees and working parties. 	✓
	Effective national advocacy for postgraduate medical education.	<ul style="list-style-type: none"> Engage with the University of Western Australia (UWA) to integrate final medical school year with intern year. 	✓
		<ul style="list-style-type: none"> Review Council membership, roles and responsibilities. 	✓
	Explore opportunities to engage consumers and community members in accreditation functions and the broader work of Council.	<ul style="list-style-type: none"> Support the establishment of a Business Intelligence Unit. 	✓
<ul style="list-style-type: none"> Participate in the Credentialing WA Business Users Group project to develop intern/RMO data synergies. 		✓	
A governance structure that is contemporary and fit for purpose.	<ul style="list-style-type: none"> Develop and implement improved recruitment software solutions for improved analysis of the prevocational workforce. 	✓	
	<ul style="list-style-type: none"> Engage with JMO Forum and provide action and feedback on issues identified at health services. 	✓	
Provide more opportunities for professional development through teaching and training to achieve a more engaged, skilled and satisfied workforce.	Education, supervision and assessment		
	Ensure each and every training post delivers an appropriate educational experience.	<ul style="list-style-type: none"> Manage current Community Residency Program (CRP) contract. 	✓
		<ul style="list-style-type: none"> Develop a CRP beyond 2017-2018. 	In progress
	Increased focus on supporting the Directors of Clinical Training (DCT) and supervisors.	<ul style="list-style-type: none"> Improve teaching and training programs through targeted project funding. 	✓
		<ul style="list-style-type: none"> Professional development for junior doctors and those involved in postgraduate medical education and supervision. 	✓
		<ul style="list-style-type: none"> Annual Medical Education Symposium for junior doctors and medical educators (including DCTs and supervisors). 	✓
<ul style="list-style-type: none"> Promote internal and external professional development opportunities. 		✓	
<ul style="list-style-type: none"> Promote and support library services. 	✓		

2

Agency performance

Accreditation

1310

accredited prevocational positions

24

site surveys conducted

134

units reviewed at surveys

5

new units accredited

80

health service internal review reports tabled and considered at the Accreditation and Standards Committee

25

new surveyors signed up to the PMCWA surveyor pool

PMCWA accreditation reviews

This financial year, PMCWA conducted a total of 24 accreditation site surveys, which consisted of 134 units and health sites being formally reviewed. This included a full hospital-wide review of Princess Margaret Hospital, Peel Health Campus, Hedland Health Campus and Fremantle Hospital.

In addition to accreditation surveys, PMCWA continued to monitor the accredited health sites via health service internal review (HSIR) reports, 80 of which were tabled and discussed at the Accreditation and Standards Committee in the last financial year.

PMCWA Accreditation and Standards Committee

The Accreditation and Standards Committee (Accreditation Committee) is responsible for the development of standards, accreditation of prevocational training positions, and of health sites in respect of the sites' roles in supporting trainees.

All accreditation activities and issues relating to the support and training for prevocational doctors continues to be reviewed and managed by the Accreditation Committee.

PMCWA accreditation surveyors

PMCWA would like to thank all accreditation surveyors for their continuous dedication and interest in junior doctor training, and their support for the accreditation program.

A total of 25 surveyors joined the PMCWA pool, with 4 progressing either to support or lead surveyor status during the period from July 2017 to June 2018.

The 2018 Surveyors' Workshop was held in June. At the workshop surveyors shared their thoughts and ideas regarding current issues and topics, including non-training/non-vocational registrars, the importance of the Junior Doctor's Common Room, and ways to manage and highlight recurring issues from accreditation surveys to the hospital or health service network.

Education

Throughout the 2017-2018 financial year, PMCWA continued to support, improve and develop education and training initiatives and opportunities for doctors in their prevocational years, and for those who support them.

Professional development

Throughout 2017-2018, PMCWA hosted six professional development sessions for prevocational doctors and for those who support their education and training including Medical Education Officers (MEO), Directors of Postgraduate Medical Education (DPME), DCTs and Medical Education Registrars (MER). The topics for these professional development programs followed a needs-analysis assessment and consultation with the various representative groups and committees. The sessions provided support in areas of leadership, mindfulness, centralised recruitment and crucial conversations – with each session receiving positive feedback from attendees.

Teaching on the Run

PMCWA worked in collaboration with the Teach Educate Learn Lead (TELL) Centre and the UWA medical school to develop and implement 'Step-Up to leadership' workshop. The workshop aims to build leadership, provide models on how to provide good feedback, develop communication skills and how to recognise burnout. This workshop has been developed for current interns who will act as mentors to final year UWA medical students completing a preparation for internship rotation. A pilot of this workshop was held in May 2018 and was well attended and highly evaluated; feedback will be utilised to shape future workshops.

Committees

PMCWA Education Committee

The Education Committee is a sub-committee of PMCWA and is responsible for the identification, evaluation and monitoring of education and training programs for JMOs. Members of the Education Committee include DPME, DCT, AMA(WA) DiT, MER, MEO and JMO representatives.

The Education Committee oversaw the organisation and management of the annual Medical Careers Expo held on 20 March 2018, and the annual Medical Education Symposium held on 29 June 2018. Topics of keen discussion at the Education Committee during 2017-2018 included the education of service registrars, junior doctor wellbeing and the introduction of the aforementioned Teaching on the Run workshop.

MEO Network Group

PMCWA continues to support MEOs by facilitating the MEO Network Group. All MEOs in WA are invited to participate and members meet quarterly. The network meetings provide an opportunity for MEOs to share ideas, discuss issues, and to support one-another in their MEO roles. The MEO Network Group meetings are attended by both metropolitan MEOs and regional MEOs who participate using video conference, from both public and private hospitals.

MER Network Group

The newly established MER Network Group provided the metropolitan-based MERs with an informal opportunity to meet their counterparts at other hospitals and to identify common themes, to discuss ideas and challenges and to share resources.

Project funding

PMCWA continued to oversee the distribution of specific project grant funding to Postgraduate Medical Education Units (PMEUs) at WA public hospitals throughout the course of the 2017-2018 financial year. Projects that were granted funding support the education, training and supervision of prevocational doctors and their supervisors. Applications were assessed by a review committee and a formal report outlining the project status, including a budget summary, is required to be submitted to PMCWA at the end of the financial year.

PMCWA received applications for 9 projects in 2017-2018; with all 9 being endorsed. Projects supported by PMCWA in 2017-2018 included:

- RMO to registrar transition workshops – Step Up
- Teaching on the Run
- Foundations for leadership program
- Accidental Counsellor workshop
- Doctors' wellbeing video – 'doctors need doctors too'

Research bursaries

PMCWA is committed to supporting developing-researchers in undertaking and presenting research in the field of prevocational medical education and training, at a recognised Australian conference. As such, the PMCWA research bursary program aims to:

- Identify fields of enquiry into prevocational medical education and training in order to progress this field both in WA and nationally.

- Support the development of research and presentation skills within the WA prevocational medical education community.

14 research bursaries were disseminated throughout the course of the financial year to worthy projects that were presented at the 2017 Australian and New Zealand Prevocational Medical Education Forum.

Events

Medical Careers Expo

An impressive 360 medical students and PVTs attended the annual Medical Careers Expo, held at the University Club of WA in the evening of 20 March 2018. The event aimed to provide information and support, to assist junior doctors with their future vocational career pathways.

Hosted by PMCWA and the AMA(WA), the Expo provided an opportunity for attendees to receive advice on career direction and progressive pathways, with over 30 booth holders, including representatives from various colleges, WA hospitals and sponsors.

An updated program of 10 presentations in 2018 saw DiTs and consultants provide information on their chosen speciality, including Emergency Medicine, Intensive Care, Anaesthesia, Psychiatry and Radiology. Further information was provided in the 'Medical Careers Wayfinding' guide, which compiles information from specialty colleges on the different training programs available to prevocational doctors.

Medical Education Symposium

The PMCWA Medical Education Symposium was held in the afternoon of 29 June 2018, at the University Club of WA; 74 delegates attended the event.

PMCWA's Medical Education Symposium is an annual event. It provides a forum for clinicians, educators and junior doctors at WA hospitals, involved in the medical education and training of prevocational doctors, to discuss important and relevant topics and issues.

The 2018 Symposium explored various topics such as doctor's wellbeing, medical education in WA hospitals, speciality training positions, clinical debriefing, transition to internship and an interactive medico-legal hypothetical.

The 2018 Medical Education Symposium received positive feedback both from delegates who attended, and from those who presented at the event.

WA Clinical Educator and Junior Doctor Awards

The WA winners of the 2017 Confederation of Postgraduate Medical Education Councils (CPMEC) awards were Dr Kiran Narula and Dr James Marangou.

Dr Marangou was awarded the 2017 WA Clinical Educator of the Year award. Dr Marangou is a Cardiology Advanced Trainee at Fiona Stanley Hospital and has been a fundamental figure in the development of the cardiology education program. He focuses on improving teaching opportunities, supporting junior doctors' clinical skill development, knowledge and clinical judgement.

The 2017 WA Junior Doctor of the Year award was presented to Fiona Stanley Hospital's Dr Kiran Narula. Dr Narula is a strong advocate for education and wellbeing of junior doctors and acts as a voice for his fellow doctors through his role as president of the Stanley Medical Officers' Society. Dr Narula is largely involved in the development and delivery of teaching and wellbeing programs for junior doctors.

Centralised recruitment process

In 2017-2018 PMCWA coordinated the annual centralised recruitments of interns and RMOs in accredited training positions within WA. Participating health services include all major public employing hospitals and Ramsay Health Care's Joondalup Health Campus (involved in the RMO recruitment).

8232

applications were received for 150 advertised positions in MedJobsWA in the 2017-2018 financial year

1426

RMO offers were made throughout the recruitment

1747

applications were received for 2018 RMO positions

853

RMOs recruited for 2018

Recruitment for 2019 intern and RMO positions is underway through MedJobsWA

579

valid applications for 2019 intern positions received

1611

valid applications for 2019 RMO positions received

519

valid applications were received for 2018 intern positions

85%

of 2018 interns attended a WA medical school

320

interns recruited for 2018

Intern recruitment data was audited nationally

Community Residency Program

The CRP is a competitive and highly regarded program available to RMOs in WA. The CRP has been available in WA for several years and is currently administered by PMCWA in association with the Silver Chain Group.

The CRP is a rare opportunity for RMOs to participate in a short term, well-supervised training placement within the community. The CRP provides one of the only opportunities available to RMOs to experience community General Practice in a metropolitan setting prior to making a vocational decision.

As Australia's largest provider of community-based palliative care and one of the largest providers of Home Hospital services, Silver Chain provides RMOs with a rich and diverse experience of medical care in the community.

Participating in a Silver Chain CRP term allows junior doctors the opportunity to work with teams of nurses, doctors, allied health professionals, volunteers and families in a patient-centred approach to care. These placements provide an opportunity for RMOs to practice autonomously and independently, using their clinical judgement in decision making while being supported by Silver Chain doctors.

The CRP is regularly evaluated throughout each clinical year with overwhelmingly positive feedback, emphasising a more diverse range of clinical exposure, a strong focus on continuity of care and many RMOs keen to participate in the program again.

For the 2018 clinical year, PMCWA allocated 30 RMO placements with Silver Chain across the metropolitan area.

3

■ Significant issues impacting PMCWA

The strategic environment for postgraduate medical education continues to be influenced by rapid change across the health and community sectors. The governance reform for WA Health is underway, with an increased focus on fiscal responsibilities. The *Health Services Act 2016* and Sustainable Health Review continue to shape the broader WA health system. Changing models of care impact on service provision and workforce needs. Advances in technology continue to impact all aspects of life and in particular, learning and working environments.

The strategic issues thought to be most critical to PMCWA at this time include:

Increasing diversity and numbers of prevocational doctors

The increase in the medical graduate number continues with the first Curtin Medical School cohort scheduled to graduate in 2022. The requirement for intern places is expected to peak in 2027 as the program reaches full allocation. As medical graduate numbers continue to increase, demands increase for supervisors and clinical training sites.

Roadblocks in vocational training due to the number of graduates exceeding the number of training places, as well as the emergence of Hospital Non-Specialists is diversifying the educational needs of the prevocational group; new entry-level programs may also result in diverse graduate outcomes. Changes in the JMO demographic create a need for flexibility and part-time positions.

Tension between service and training

Increasing demands on health service providers and the wider WA Health System is increasing pressure on the time both JMOs and supervisors can spend on education and training. Hospitals have increased expectations of graduate work readiness and the administrative burden on the JMO is increasing. A requirement for work-life balance, including part-time opportunities also affects education opportunities.

JMO wellbeing

There is an increasing focus on JMO wellbeing across all training providers and employers. Whilst the culture of training is changing, JMOs are acknowledged as a vulnerable group. Their wellbeing is an issue for supervisors and JMO representatives alike. Continued advocacy and mechanisms to escalate concerns are required, to ensure the JMO voice is heard and the wellbeing of the current and future workforce is assured.

There is a growing subset of prevocational doctors either not intending to undertake vocational training or awaiting training positions, and this group may require different models of education, training, supervision and support.

System-wide approach

With the devolution of responsibility to the Health Services through the *Health Services Act 2016*, a central coordination approach becomes even more essential for PMCWA to ensure optimal outcomes for JMOs. A national drive for coordination and consistency of postgraduate medical education is underway and transparency of the Training Teaching and Research allocation under Department Activity Based Funding models needs to be taken into consideration system-wide.

Consumer and community engagement

Consumer and community engagement is contemporary in all health care organisations and will be considered by Council moving forwards.

4

■ Disclosures and legal compliance

PMCWA is funded by the Department (with additional funding from the Australian Health Practitioner Regulation Agency) and is included in the formal financial reporting for the Department.

Council members as public servants are not entitled to payment under Premier's Circular 2010/02. Members from private organisations were not remunerated for attendance at Council meetings in the 2017-2018 financial year.

Financial statement 2017-2018

Income	\$ Credit
Department of Health Budget allocation	1,461,455.00
Department of Health Community Residency Program	820,000.00
Australian Health Practitioner Regulation Agency funding for intern Accreditation	86,652.00
Total income	2,368,107.00

Expenses	\$ Debit
Administration costs	1,050,028.01
Salaries	
Superannuation	
Employee Benefits	
Other Administrative costs	
Operational costs	79,154.00
National representation	
Travel and accommodation	
Project grants	
Education and committee programs	
Centralised Recruitment: MedJobsWA	123,772.00
Department of Health Community Residency Program	973,293.70
Accreditation: Strategic and Project	8,408.28
Total expenses	2,234,655.99

Key performance indicators

1. Leadership and governance

Strategy

Achievements in 2017-2018

1.1 Effective local advocacy for postgraduate medical education and JMO wellbeing.

1.1.1 Develop formal, ongoing relationships with HSP Boards.

- Accreditation status reports for health service provider (HSP) Boards under development.

1.1.2 Advocate for transparent reporting of HSP TTR allocation and outcomes.

- PMCWA included in several discussions at a Departmental level on the establishment of a national Teaching, Training and Research (TTR) classification system.

1.1.3 Promote to HSPs the role of education, supervision and training pathways in JMO wellbeing.

- PMCWA worked with WA General Practice Education and Training (WAGPET) on a project (outcome driven innovation) aiming to identify drivers and challenges for JMOs which may direct or hinder training entry or choice of vocational specialty - targeting RMOs and non-vocationally training enrolled JMOs.
- A survey tool is under development. DPMEs from Royal Perth Hospital (RPH), Sir Charles Gairdner Hospital (SCGH), Fiona Stanley Hospital (FSH) and WA Country Health Service (WACHS) are involved in the survey development
- Establishment of the WA Doctors' Welfare Interest Group being progressed – DPMEs / Executive medical staff and JMOs included in the membership. It is anticipated a number of issues, including supervisor support/training (and the impact on JMO wellbeing) will be discussed.

1.1.4 Explore options for PMCWA exposure and representation at all sites.

- PMCWA has attended RPH, FSH and SCGH intern teaching sessions, Perth Children's Hospital (PCH) RMO teaching session and King Edward Memorial Hospital (KEMH) RMO information session and orientation sessions. PMCWA attended all sites' sessions prior to the 2019 centralised recruitment process.
- Where possible, all sites were represented at JMO Forum meetings. Video-conferencing for WACHS and other sites made available (with variable attendance by VC). Approximately 20 active JMO Forum members.
- A MER network group was established in 2017 and has met twice, with a third meeting scheduled for August 2018. These meetings are chaired by MERs with PMCWA secretariat support. There is good representation, with involvement of MERs from all metropolitan sites.

1. Leadership and Governance

Strategy

1.1.5 Explore additional mechanisms for informing the Council and HSP Boards on JMO experience, wellbeing and support.

Achievements in 2017-2018

- PMCWA newsletters re-established and two editions published to date (December 2017 and April 2018). The next edition is due for publication in the second half of 2018.

1.2. Effective national advocacy for postgraduate medical education.

1.2.1 Provide a strong voice, representing WA priorities, in all national forums.

- JMO Co-Chair attendance at Australasian Junior Medical Officer Committee (AJMOC) meetings.
- PMCWA Chair is Chair of CPMEC.
- Chair attended national meetings representing both PMCWA and the national body CPMEC, including:
 - Prevocational Standards Accreditation Committee (PreVac)
 - National Medical Training Advisory Network (NMTAN)
 - Medical School Accreditation Committee (MedSAC)
 - AMC
 - National Taskforce Expert Reference Group (Rural)
 - Steering Group for National Training Survey (MBA/AMC)
- PMCWA Manager attended:
 - Bi-monthly Prevocational Medical Accreditation Network (PMAN) - national accreditation group teleconferences
 - Quarterly PMC Principal Officers teleconference/face to face meetings
 - National Medical Intern Data Management Working Group meetings
- Relevant minutes/information circulated internally within PMCWA and disseminated to broader stakeholders, where relevant. Updates provided at PMCWA committee meetings to stakeholders, where relevant. A central register of meeting papers/actions etc attended by PMCWA staff is under development.

1. Leadership and governance

Strategy

Achievements in 2017-2018

1.3 Explore opportunities to engage consumers and community members in accreditation functions and the broader work of Council.

1.3.1 Develop formal, ongoing relationships with consumers and community members.

- PMCWA added a community representative to Council.

1.3.2 Develop a model for consumer representation on Council.

1.4 A governance structure that is contemporary and fit for purpose.

1.4.1 Ensure the organisational structure and committee terms of reference allow independence of decision making and robust governance.

- Process for appointing Chair of Accreditation commenced.
- Internal review of Council undertaken at PMCWA level. Current and outgoing members of Council surveyed as part of the triennial review of Council.
- Two new members added to Council membership in July 2018 – representative of consumers and of Accreditation Surveyors.

2. Development and accreditation of training posts

Strategy

Achievements in 2017-2018

2.1 Support the establishment of new accredited training positions to meet the demands of a diverse workforce.

2.1.1 Consider methods for optimising the balance between education and service provision.

- Outcome driven innovation project commenced, focus groups to generate information for non-training registrar cohort.
- Feedback provided to hospitals of term evaluations undertaken on Qualtrics.

2.2 Explore the range and characteristics of potential prevocational positions (including Hospital Non-Specialists).

2.2.1 Identify and quantify non-vocational registrars and their teaching and learning needs.

- Numbers of non-training registrars identified from payroll and Medical Workforce units at HSPs. Medical Workforce units were requested to validate the data.
- Outcome driven innovation project commenced, awaiting results of focus groups information for hospital non-specialist cohort.

2.2.2 Develop options to address the diversity of individual and positional education and supervision needs.

- PMEU template job description forms (JDF) for DCT, DPME, MER and MEO have been reviewed and endorsed, with a focus on education, supervision and support. Development of an additional JDF for MEO Coordinator is currently in progress, and will be built into the Medical Education Calculator.

2.3 Optimise the clinical safety and quality of JMO performance.

2.3.1 Monitor for workload, support and performance management through new as well as established accreditation practices.

- PMCWA Accreditation Standards comply with the AMC National Intern Training Framework for medical internship.
- New standards were added in 2017 based on changes to the National Standards.

2.4 Enhance the relationships between PMCWA and the hospitals and units providing training posts, to support an appropriate education culture.

2.4.1 Diplomacy and negotiations.

- JMO feedback from a number of health sites collected via Qualtrics (as at 2.1.1). Same information requested for accreditation surveys from sites who are not in collaboration with PMCWA.
- Ongoing implementation of the collaborative term evaluation (Qualtrics) process.
- JMO phone interviews via PMCWA secretariat used as an alternative interim review method. To be formally added to the Accreditation Standards Guidelines as an additional mechanism.

2.4.2 Clear communication of PMCWA's responsibility for accreditation of prevocational positions.

- Accreditation report summary report for HSP Executives/key stakeholder under development.
- Operational Directive being converted to policy (in progress).

3. Education, supervision and assessment

Strategy

Achievements in 2017-2018

3.1 Ensure each and every training post delivers an appropriate educational experience.

3.1.1 Continued improvement of accreditation, assessment and reporting processes.

- PMCWA Accreditation Standards comply with the AMC National Intern Training Framework for medical internship.
- New standards were added in 2017 based on changes to the National Standards.
- JMO feedback from a number of health sites collected via Qualtrics (as at 2.1.1). Same information requested for accreditation surveys from sites who are not in collaboration with PMCWA.
- Ongoing implementation of the collaborative term evaluation (Qualtrics) process.
- JMO phone interviews via PMCWA secretariat used as an alternative interim review method. Will be formally added to the Accreditation Standards Guidelines as an additional mechanism.

3.2 Increased focus on supporting the Directors of Clinical Training and supervisors.

3.2.1 Advocate for supervisors to have training in supervision.

- DCT workshop held at Education Symposium.
- Additional wellbeing workshop for DCTs progressing.

3.2.2 Facilitate networking for this group within WA.

- MER Network meetings implemented. These are run by MERs and have PMCWA secretariat support.

4. Career transition and support

Strategy

Achievements in 2017-2018

4.1 Assist with JMO career pathway planning.

4.1.1 Actively engage with doctors to understand their situation, future needs and expectations regarding career pathway.

- Focus group sessions planned, to be undertaken as part of Non-Vocational Registrar project with WAGPET.
- JMO Forum commenced progress on a booklet documenting professional development courses pertinent to identified vocations.

4.1.2 Provision of career information.

- Medical Careers Expo held (360 attendees). Feedback sought from this to inform future events.
- PMCWA Wayfinding booklet (providing vocational career information to JMOs) updated and distributed at the Expo.

4.2 Strengthen the JMO voice and improve communication between PMCWA and JMOs.

4.2.1 Develop a PMCWA/JMO communication plan.

- Biannual newsletter produced.
- New website under development.
- PMCWA attended and presented at all sites to increase PMCWA's exposure.

4.2.2 Explore additional mechanisms for informing the Council and key stakeholders on JMO experience, wellbeing and support.

- Collated list of all activities occurring at HSPs - to be made available on the PMCWA website.
- Recruitment data to inform 2018 (for 2019) RMO Report.

5

■ Appendix

Abbreviations

Acronym	Definition
Accreditation Committee	Accreditation and Standards Committee
AJMOC	Australasian Junior Medical Officer Committee
AMA	Australian Medical Association
AMC	Australian Medical Council
Council	Ministerial Council
CPMEC	Confederation of Postgraduate Medical Education Councils
CRP	Community Residency Program
DCT	Director of Clinical Training
Department	Western Australian Department of Health
DiT	Doctors in Training
DPME	Director of Postgraduate Medical Education
FSH	Fiona Stanley Hospital
HSIR	Hospital/Health Service Internal Review
HSP	Health Service Provider
JDF	Job Description Form
JMO	Junior Medical Officer
KEMH	King Edward Memorial Hospital
MBA	Medical Board of Australia
MedSAC	Medical School Accreditation Committee
MEO	Medical Education Officer
MER	Medical Education Registrar
NMTAN	National Medical Training Advisory Network
PCH	Perth Children's Hospital
PGY	Postgraduate Year
PMAN	Prevocational Medical Accreditation Network
PMCWA	Postgraduate Medical Council of Western Australia

PMEU	Postgraduate Medical Education Unit
PreVAC	Prevocational Standards Accreditation Committee
PVT	Prevocational Trainee
RMO	Resident Medical Officer
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
TELL	Teach, Educate, Learn, Lead
TTR	Teaching, Training and Research
UWA	University of Western Australia
WA	Western Australia
WACHS	WA Country Health Service
WAGPET	WA General Practice Education and Training



Postgraduate Medical Council
of Western Australia