



Postgraduate Medical Council
of Western Australia

ANNUAL REPORT

2020-21

**POSTGRADUATE MEDICAL COUNCIL
OF WESTERN AUSTRALIA**

This report is available online at:

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1. Overview

Executive Summary

The Postgraduate Medical Council of Western Australia (PMCWA) has had a very exciting and productive year over 2020-21 with the PMCWA Council, committees and key stakeholders overcoming the obstacles that the year has presented.

The vision of the PMCWA is that “prevocational doctors are skilled and supported in their work today and well prepared for the future” which we work towards through our inherent values of trust, fairness, respect, commitment and openness.

The work of the PMCWA contributes to WA Health’s Sustainable Health Review (SHR) and the Department of Health Corporate Plan 2020-22 as well as the PMCWA’s four Key Focus Areas of:

1. Leadership and governance
2. Development and accreditation of training posts
3. Education, supervision and assessment
4. Career transition and support

As the leaders in prevocational medical education in Western Australia (WA) we convene various network groups for our Medical Education Registrars (MERs), Medical Education Officers (MEOs) and Junior Medical Officers (JMOs). These groups provide great opportunities for collaboration and sharing of resources. PMCWA is also involved in various state and national committees and groups allowing us to contribute to broader initiatives and keep our local stakeholders and council members informed of progress in related projects across WA and Australasia.

Accreditation continues to be a crucial element in our program of works with PMCWA working towards additional placements across rural, metro and community locations. This year has seen the establishment of new intern placements to address the additional graduates from the Curtin Medical School and in preparation for the soon to be implemented National Framework for Prevocational Medical Training.

PMCWA has continued to provide the annual Medical Careers Expo, the professional development program and Medical Education Symposium, as well as continuing to support our stakeholders to attend additional workshops in various areas, including leadership and supervision. These events and the work of the Education Committee contribute to the ongoing development of the clinical supervisors at the hospitals and health services, and those in non-clinical roles who also support our junior doctors.

Operational Structure

Establishment

PMCWA was founded in 2003 to facilitate the training and education of prevocational doctors, during the years between graduating from medical school and entering specialist training. In 2015, Cabinet formally noted the establishment of PMCWA as a Ministerial Council (the Council); PMCWA are accountable to the Minister for Health via the Director General, 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, the Department's Code of Conduct and PMCWA's Code 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 of PMCWA.

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.

Vision

Prevocational doctors are skilled and supported in their work today and well prepared for the future.

Principles

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 dealings.

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

VALUES

The values upon 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.

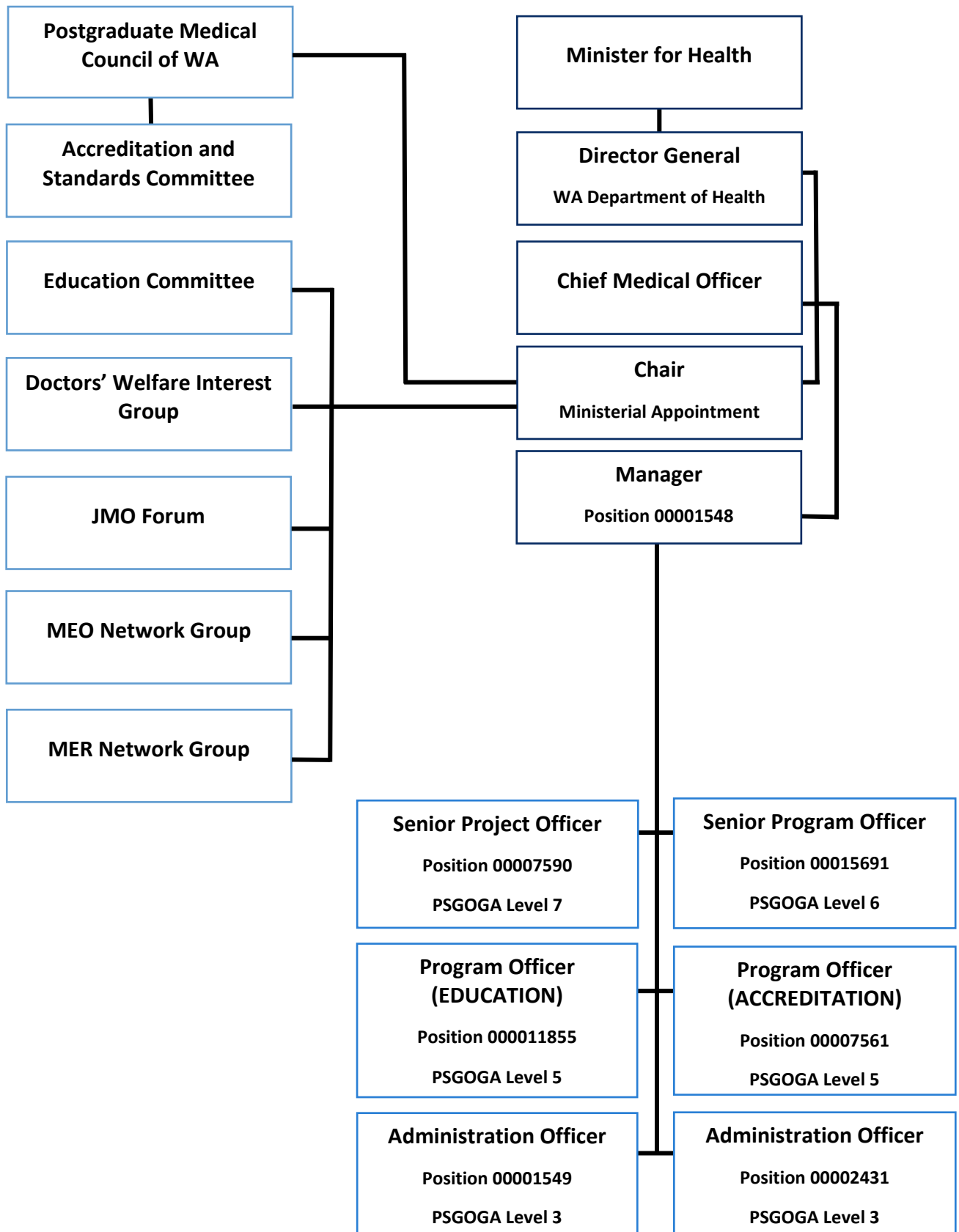
COMMITMENT

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

OPENNESS

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

Structure



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 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, 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 and 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 postgraduate year (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 MBA, other State/Territory Postgraduate Medical Councils, the Confederation of Postgraduate Medical Education Councils (CPMEC), the Australian Medical Council (AMC), WA JMO 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 medical officers' education and training, accreditation and workforce issues.
10. To advocate on behalf of prevocational medical officers 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. Recommendation for appointment is endorsed by the Minister for Health. Representation from stakeholder groups is as follows:

	Member in 2019-20	Member in 2020-21
Chair of Council	Dr Margaret Sturdy	Dr Margaret Sturdy
Chief Medical Officer (Deputy Chair)	Dr Michael Levitt	Dr Michael Levitt
Accreditation Surveyors	Dr Monica Gope	Dr Monica Gope
Australian Medical Association WA, Doctors in Training Committee	Dr Megge Beacroft	Dr Megge Beacroft
Consumers	Ms Nicoletta Ciffolilli	Ms Nicoletta Ciffolilli
Directors of Postgraduate Medical Education	Dr Gregory Sweetman	Dr Gregory Sweetman
PMCWA JMO Forum	Dr Anita Smith	Dr Anita Smith
Medical Directors, Teaching Hospitals	Dr Meredith Arcus	Dr Ajitha Nair
Medical School Deans	Prof Gervase Chaney	Prof Gervase Chaney
Private Hospitals	Dr Margaret Sturdy	Dr Shirley Bowen
Registration Committee, WA State Committee MBA	Dr Daniel Heredia	Dr Daniel Heredia
Royal Australasian College of Surgeons	Prof Jeffrey Hamdorf	Prof Jeffrey Hamdorf
Royal Australian College of General Practitioners	Dr Colleen Bradford	Dr Colleen Bradford
WA Country Health Service	Dr David Oldham	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

In 2017, the Government of WA announced the SHR to prioritise the delivery of patient-centred, high quality and financially sustainable health care across the state. The Final Report was published in 2019 and has 30 Recommendations with the work of PMCWA aligning mostly with Recommendations 25 and 26. The table below demonstrates how the PMCWA Key Priorities align with these Recommendations.

Sustainable Health Review Recommendation	PMCWA Key Priorities
<p>No. 25: Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability.</p>	<p>1.3.1 Develop formal, ongoing relationships with consumers and community members.</p> <p>1.3.2 Develop a model for consumer representation on Council.</p> <p>4.2.2 Explore additional mechanisms for informing the Council and key stakeholders on prevocational medical officer experience, wellbeing and support.</p>
<p>No. 26: Build capability in workforce planning and formally partner with universities, vocational training institutions and professional colleges to shape the skills and curriculum to develop the health and social care workforce of the future.</p>	<p>1.1.3 Promote to Health Service Providers (HSPs) the role of education, supervision and training pathways in prevocational medical officer wellbeing.</p> <p>1.1.4 Explore options for PMCWA exposure and representation at all sites.</p> <p>1.1.5 Explore additional mechanisms for informing the Council and HSP Boards on prevocational medical officer experience, wellbeing and support.</p> <p>2.1.1 Consider methods for optimising the balance between education and service provision.</p> <p>3.1.2 Advocate for supervisors to have training in supervision.</p> <p>4.1.1 Actively engage with doctors to understand their situation, future needs and expectations regarding career pathway.</p>

PMCWA also aligns its Key Priorities to the Department of Health’s Corporate Plan 2020-22, as outlined below.

Department of Health Corporate Plan Key Priorities and Deliverables	PMCWA Key Priorities
<p>1.6 Develop culture and workforce to support new models of care</p> <ul style="list-style-type: none"> 1.6.7: Plan for additional Curtin Medical School graduates entering the WA medical workforce in 2022. 	<p>2.1.1 Consider methods for optimising the balance between education and service provision.</p> <p>2.1.2 Consider modification of Accreditation Standards, if required.</p> <p>2.2.2 Develop options to address the diversity of individual and positional education and supervision needs.</p> <p>3.1.1 Continued improvement of accreditation, assessment and reporting processes.</p> <p>3.1.2 Advocate for supervisors to have training in supervision.</p> <p>4.2.1 Develop a PMCWA/JMO Communications plan.</p> <p>4.2.2 Explore additional mechanisms for informing the Council and key stakeholders on prevocational medical officer experience, wellbeing and support.</p>

2. PMCWA Performance

PMCWA has been continuing to work on the Key Focus Areas as outlined in the PMCWA Strategic Plan 2018 – 2023.

- 1. Leadership and governance**
- 2. Development and accreditation of training posts**
- 3. Education, supervision and assessment**
- 4. Career transition and support**

The performance of PMCWA over the 2020-21 financial year is described in the following pages in the context of these four areas and the PMCWA's operational outputs.

Key Focus Area 1

Leadership and Governance

As the leaders in prevocational medical education in WA, PMCWA communicates, advises and supports our key stakeholders throughout the year through various initiatives.

1.1 Effective local advocacy for postgraduate medical education and prevocational medical officer wellbeing	
1.1.1 Develop formal, ongoing relationships with Health Service Provider (HSP) Boards.	
Number, nature, frequency and regularity of meetings and correspondence PMCWA has with Boards.	Chair met with Executive teams at the Primary Employing Health Services (PEHSS) to present accreditation data for their health services.
Boards receive PMCWA reports and respond.	PMCWA newsletters are made available on the PMCWA website.
1.1.2 Advocate for transparent reporting of HSP Teaching, Training and Research (TTR) allocation and outcomes	
Reporting of HSP TTR allocation and outcomes is available to PMCWA.	Data and Analytics Unit provide reports to PMCWA as requested.
1.1.3 Promote to HSPs the role of education, supervision and training pathways in prevocational medical officer wellbeing.	
Data source developed that can be analysed and reported.	The 2020 National Medical Training Survey received 2,104 respondents from WA. The WA data was compiled and analysed.
HSP Directors of Postgraduate Medical Education's (DPMEs) awareness of reports.	PMCWA shared the collated WA responses from the Medical Training Survey report and encouraged sites to use findings to inform their education and accreditation programs.
Changes within HSPs to supervisor support, training, or allocated time reported by DPME.	PMCWA, in consultation with the employing hospitals, undertook revisions to the Medical Education Support Guidelines and continues to advocate for high levels of supervision for junior doctors in line with PMCWA Accreditation Standards.
Majority of prevocational medical officer supervision and education experience is rated as positive, through accreditation survey process.	Based on ongoing accreditation site surveys conducted, prevocational medical trainee supervision and education were rated as positive. Of the units surveyed in 2020-21, 95.4% were assessed as providing good prevocational medical trainee supervision and 89.8% as providing adequate education opportunities.
1.1.4 Explore options for PMCWA exposure and representation at all sites.	
Number of PMCWA presentations and meeting attendances per site.	PMCWA Chair, Accreditation Chair, and manager attended multiple meetings with Executive Staff and Medical Education support staff at the PEHSS to determine intern opportunities and distribution of the first 60 additional intern cohort.
	Currently 32 active JMO Forum members. COVID-19 distancing requirements continue to result in most meetings being undertaken via a virtual meeting format with participation remaining high.

	PMCWA supports the MER Network Group by providing secretariat support and support to attend Teaching on the Run (ToTR) facilitator training and the SimStart course. There were four meetings in this reporting period which were well attended by the MERs.
1.1.5 Explore additional mechanisms for informing the Council and HSP Boards on prevocational medical officer experience, wellbeing and support.	
Area Health Boards informed of prevocational medical officer experience, support and wellbeing (from PMCWA reports).	Each site that employs interns and resident medical officers (RMOs) receives accreditation reports. These reports include feedback from junior doctors plus compliance against all criteria including those related to junior doctor wellbeing.
Number, nature, frequency and regularity of communications with HSP Boards.	PMCWA publishes biannual newsletters which are distributed to stakeholders. PMCWA promotes relevant events and communicates throughout the year to stakeholders.
1.2 Effective national advocacy for postgraduate medical education.	
1.2.1 Provide a strong voice, representing WA priorities, in all national forums.	
Number and proportion of attendance (by JMO Forum leads) in national meetings/forums.	JMO Forum Co-Chair virtual attendance at both Australasian Junior Medical Officers' Committee (AJMOC) meetings in 2020 and in 2021 and at the JMO Forum meetings in 2020 and in 2021. Relevant minutes/information circulated internally within PMCWA and disseminated to PMCWA Committees and broader stakeholders, where relevant.
Outcomes/proceedings of national meetings/forums reflect WA priorities.	PMCWA is represented on national committees related to the National Framework for Prevocational Medical Training. Some WA health sites will be trialling Entrustable Professional Activities (EPAs) developed as part of the National Framework for Prevocational Medical Training.
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 has access to consumer and community views that inform its work.	PMCWA has considerable engagement with WA's prevocational medical trainees as its key consumer group. There is broad representation from each major hospital's RMO Society, who have a conduit through to the JMO Forum. JMOs are members of all PMCWA committees including Full Council.
1.3.2 Develop a model for consumer representation on Council.	
Consumer representation is included and embedded on Council.	PMCWA has an experienced community representative on Council, and this appointment is embedded in the terms of reference (ToR). Board appointments include stakeholders across the medical training pipeline including representatives from universities, prevocational medical education and vocational specialist colleges.

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.

Demonstration of independence in all PMCWA Committee TORs and organisational structures.	<p>The independence of PMCWA is embedded in the Letter of Ministerial Expectations and PMCWA's Letter of Intent on these expectations.</p> <p>The PMCWA Board Charter reflects contemporary governance principles.</p> <p>An independent Chair of the Accreditation and Standards Committee has been appointed. This role reports to the Chair, PMCWA.</p>
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DODs Meeting

The DPMEs at the PEHSs, the Medical Deans of the three WA Medical Schools, representatives from the Office of the Chief Medical Officer (OCMO) and PMCWA meet monthly. The group, referred to as Deans, OCMO and Directors (DODs) met informally and on an ad hoc basis prior to COVID-19. At the start of the pandemic response in 2020 there was a weekly meeting in consideration of the impact a COVID-19 pandemic response may have on medical student placements and junior doctor term rotations.

The group now meets monthly and provides a valuable interface between the WA Medical Schools and the PEHSs. Principal ongoing areas of concern have been student placements during COVID-19 lockdown and access to student vaccinations for COVID-19. Both issues have been critical in ensuring final year medical students do not miss out on clinical training that might adversely impact on graduation time.

National Committee Representation

PMCWA has representation on the following National Committees through either the PMCWA Chair or PMCWA Manager:

Chair:

- Confederation of Postgraduate Medical Education Councils (CPMEC)
- Prevocational Standards Accreditation Committee
- AMC review of National Prevocational Framework/transition to practice
- Medical Deans working group on transition to practice/transfer of information.

Manager:

- CPMEC Principal Officers Committee
- Prevocational Medical Accreditation Network
- National Medical Intern Data Management Working Group
- AMC National Framework for Medical Internship Review: e-portfolio Specifications Working Group.

JMO Forum

The JMO Forum is an advisory subcommittee of PMCWA and is comprised of elected representatives of interns and residents. The JMO Forum contributes to ensuring the requirements of local hospital standards are met for junior doctors to work effectively within the WA health system. Furthermore, it provides a platform for peers to work closely with representatives from all hospitals to discuss and action issues relevant to education, accreditation, wellbeing, workforce distribution and morale.

The JMO Forum works closely with the Australian Medical Association (Western Australia) (AMA(WA)), AJMOC, and the Doctors' Health Advisory Service Western Australia (DHASWA) to advocate for the optimal training and workplace conditions for doctors in training.

Their specific focus for 2020-21 includes:

- Providing feedback on newly created internship positions to accommodate the increase in graduates, especially at Perth Children's Hospital and Osborne Park Hospital.
- Develop exciting new projects through the education and wellbeing committees.
- Promotion of the Australian Health Practitioner Regulation Agency's (Ahpra) Medical Training Survey and PMCWA events.

Key Focus Area 2

Development and Accreditation of Training Posts

Accreditation of training posts continues to be a key mandate of PMCWA. Ensuring interns and residents receive quality education, have workloads commensurate with good training and are supported in a collegiate training environment is core to PMCWA business.

During 2021 additional clinical units have been identified to expand the breadth of training opportunities in keeping with an expanded intern cohort from Curtin Medical School. These new units provide more diverse training opportunities in the intern year in specialties such as gynaecology, palliative medicine and paediatrics.

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.	
Prevocational medical officer and supervisor experience measures are reported.	Intern and resident feedback of any term evaluations undertaken by PMCWA on Qualtrics provided to the health services. Accreditation Surveyors' reports provided to health services and PEHSS.
Supervisors and prevocational medical officers report adequate teaching and learning opportunities.	Of the units that had undergone a formal accreditation survey in 2020-2021, 89.8% provided adequate education opportunities to prevocational medical officers.
2.1.2 Consider modification of Accreditation Standards, if required.	
Framework of governance reflected in the accreditation criteria of non-traditional placements.	All intern and resident placements are accredited against the PMCWA Accreditation Standards. Participation in the AMC's review of the National Framework for Prevocational Medical Training including the standards for accreditation. This will form the basis of a review of WA's Accreditation Standards.
2.2 Explore the range and characteristics of potential prevocational positions (including Hospital Non-Specialists).	
2.2.1 Identify and quantify Non-Vocational Registrars (NVR) and their teaching and learning needs.	
Report on the NVR demographic, by HSP.	Numbers of non-training registrars have been identified from payroll and Medical Workforce units at HSPs.
The range and characteristics of NVR positions, including educational and supervision requirements is documented.	Working in partnership with OCMO's Medical Workforce Unit.
2.2.2 Develop options to address the diversity of individual and positional education and supervision needs.	
All medical education related positions specify and meet clear educational and supervision requirements.	Positions meet PMCWA Accreditation Standards.

2.3 Optimise the clinical safety and quality of prevocational medical officer performance.	
2.3.1 Monitor for workload, support and performance management through new as well as established accreditation practices.	
Accreditation reports include reporting on prevocational medical officer workload, support and performance management.	PMCWA Accreditation Standards comply with the AMC National Framework for Medical Internship.
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.	
Number of challenged outcomes.	No outcomes challenged.
Satisfaction with negotiated resolution.	N/A as no challenges.
2.4.2 Clear communication of PMCWA's responsibility for accreditation of prevocational positions.	
Accreditation report distributed to all appropriate levels of HSPs. Compliance is transparent.	All reports circulated.
Accreditation operational directive is maintained.	All sites compliant with requirements.

Accreditation and Standards Committee

At the start of 2021, the PMCWA welcomed Dr Greg Sweetman as Chair of the PMCWA Accreditation and Standards Committee ('the Committee').

Over the seven meetings held in the 2020-21 period, the Committee discussed and considered several items such as impact of junior doctor shortages, ensuring confidentiality at surveys, and increases in accreditation requests to accommodate an expanded intern cohort. In addition, a Medical Education Registrar representative has been added as a member of the Committee this year.

Accreditation Reviews

Following the lifting of COVID-19 physical distancing restrictions in mid-2020, the PMCWA recommenced with its accreditation schedule. Many surveys that were postponed due to the pandemic were reviewed in 2021.

In the last year, the PMCWA conducted 27 accreditation surveys, some of which occurred over multiple days. Of note, Sir Charles Gairdner Hospital (SCGH) was reviewed over two days with eight survey teams participating. More recently, a five day visit to the Kimberley saw five health sites surveyed for accreditation. In addition, Joondalup Health Campus (JHC) underwent a comprehensive assessment for accreditation as an unconditional PEHS as part of the Centralised Intern Recruitment Process coordinated by the PMCWA.

Accreditation of New Intern Positions

An additional 60 medical graduates from Curtin Medical School are expected to enter the WA workforce in 2022.

A significant body of work has been undertaken to ensure the gradual increase of intern positions over the next few years will be funded, accredited for prevocational training and distributed in a manner that meets the needs of each health service.

As part of this process, the PMCWA have received several accreditation requests from JHC, St John of God (SJOG) Midland Hospital, SJOG Subiaco Hospital, and SJOG Murdoch Hospital. These have been assessed and subsequently endorsed by the Committee. Additional or new intern positions reviewed at site surveys in Bunbury Hospital and Albany Health Campus were supported.

It is anticipated more intern positions with WA Country Health Service (WACHS), Osborne Park Hospital and Perth Children's Hospital will be assessed in the coming months.

Key Focus Area 3

Education, Supervision and Assessment

As always 2020-21 has been a busy year for PMCWA across education, supervision and assessment. Accreditation of intern and resident posts is the key avenue for ensuring adequate education, supervision and assessment is provided by the employer and the supervising senior doctors more directly.

Further details of this year’s professional development program, the outcomes of the Education Committee, project funding and the WA Junior Doctor and Clinical Educator of the Year Awards are provided below.

3.1 Ensure each and every training post delivers an appropriate educational experience.	
3.1.1 Continued improvement of accreditation, assessment and reporting processes.	
HSP accreditation compliance is transparent.	PMCWA Accreditation Standards comply with the AMC National Framework for Medical Internship. All sites are participating with accreditation activities for both interns and residents.
Standards are reviewed to reflect best practice.	PMCWA is participating in the review of National Framework for Prevocational Medical Training.
3.1.2 Advocate for supervisors to have training in supervision.	
Number and percentage of supervisors trained in supervision.	PMCWA has continued to provide support for supervisors at WA health sites to attend the 'University of WA's Clinical Teaching and Supervision' course in 2021.
Number of PMCWA led workshops for supervisors and attendance by supervisors and medical education stakeholders (i.e. DCTs, DPMEs, MERs).	Professional development held for DPMEs, Directors of Clinical Training (DCTs), MEOs and JMOs in October 2020. PMCWA project funding provided to health sites for programs to upskill supervisors.
For new placements - number and percentage of supervisors trained in supervision.	All new positions have been accredited. Existing supervisors were utilised and recommendations regarding additional junior doctor support have been suggested as required.
Supervisor satisfaction reported.	Not commenced.

Education Committee

The Education Committee’s focus for this year was consolidating its membership to better prepare itself for 2021-22. A review of the ToR and the membership has commenced allowing strong engagement across all our stakeholder groups.

Professional Development

The following professional development workshops were provided:

1. Career Counselling (Prevocational Medical Trainees)

Dr Ashe Coxon, founder of 'Medical Career Planning' and general practitioner ran this workshop. As a certified career counsellor Dr Coxon was able to direct the junior doctors through a series of reflections and activities as they uncovered the type of career that would suit their style, interests and expertise.

2. Providing Effective Feedback (DPMEs and DCTs)

Mr Brendon Cappelletti, a learning and development professional with over 20 years' experience across multiple industries worked with the DPMEs and DCTs to explore the benefits of effective feedback and some skills in providing 'feedback on the run'.

3. Managing your Time, Managing your Priorities (MEOs)

Ms Liza Armstrong, learning and development professional and currently PMCWA Senior Project Officer, provided the MEOs with some tools to help manage their priorities and time in their very busy roles.

Guidelines - Allocation of Medical Education Personnel

The Medical Education Calculator has now been replaced by new 'Guidelines for the Allocation of Medical Education Personnel'. This has taken the focus away from compliance against the number of personnel to be about providing guidance as to the outputs of those involved in prevocational medical education, moving from quantity to quality.

This was developed through the work of a sub-committee of the Education Committee, an Accreditation Surveyors workshop and additional consultation with our key stakeholders.

Medical Education Symposium

The annual Symposium was held on 31 October 2020 with topics ranging from Entrustable Professional Activities to WA's intern placement plan with the inaugural Curtin Medical School graduates hitting the workforce in 2022 and lessons from COVID-19 from an education perspective.

The Symposium was a success with over 50 attendees who are all involved in prevocational medical education across the state. The attendees were also given the opportunity to provide their areas of interest which were used to form the 2021 program.

Project Funding

Each year PMCWA supports projects delivered within WA hospitals and health services that focus on prevocational medical trainees. This year PMCWA supported the following:

- Registrar Fundamentals Workshop
- Resident to Registrar Transition Workshops - 'Step Up' Program
- Teaching on the Run
- Train the Trainer
- Art Appreciation for Diagnostic Skills
- A Toolkit for Change (Innovation and Critical Thinking)
- Foundations for Leadership.

Awards

Each year, in conjunction with the CPMEC, Postgraduate Medical Councils recognise a junior doctor and clinical educator in each state and territory who have made valuable contributions to prevocational medical education and training.

From a highly competitive list of nominees, Dr Anita Smith was announced the 2020 WA Junior Doctor of the Year. She was presented with the award at the Medical Education Symposium in October. Anita is a worthy recipient of this award for her active voice on behalf of other JMOs, her incredible passion for JMO wellbeing and continual contribution to PMCWA initiatives and priorities including improving access to education. She is freely giving of her time and is a delight to work with.

The worthy winner of the WA Clinical Educator of the Year Award was Dr Greg Sweetman. He was presented with his award at the Medical Education Symposium in October. Greg was nominated for his commitment and dedication to teaching (both locally and nationally) and being a reliable and readily available mentor. Furthermore, he has a proactive approach to improving processes at hospitals. He is dedicated to helping doctors in difficulty and creating programs to assist these doctors. Greg went on to be awarded the Australasian CPMEC Clinical Educator of the Year, highlighting his significant contribution and impact over the year.

Congratulations to both Anita and Greg for being chosen as this year's winners. We thank them for their significant contribution and commitment to prevocational medical education, training and welfare.

Key Focus Area 4

Career Transition and Support

One of the exciting initiatives in this area was the transition of PMCWA’s annual Medical Careers Expo from face to face to a hybrid event. This is our key initiative in supporting our prevocational medical trainees through their medical career journey.

PMCWA have continued to bring together MEOs and MERs through their individual network groups, while the Doctors’ Welfare Interest Group (DWIG) continues to focus on the wellbeing of our junior doctors.

From a recruitment focus, the PMCWA coordinated the Community Residency Program (CRP), and the centralised intern application process, and was involved in the new centralised RMO and Service Medical Registrar recruitment processes.

4.1 Assist with prevocational medical officer career pathway planning.	
4.1.1 Actively engage with doctors to understand their situation, future needs and expectations regarding career pathway.	
Prevocational medical officer situation, future needs and expectations regarding career pathway are understood and reported by PMCWA.	<p>Medical Careers Virtual Expo, a hybrid event was held in May 2021.</p> <p>Specialty training profiles including training locations and current workforce demographics available on PMCWA website.</p> <p>Facilitation of externally provided careers counselling workshops for prevocational medical trainees.</p>
Feedback and information from prevocational medical officers on future needs and requirements regarding career pathway – actioned by PMCWA.	Information gathered from evaluation forms following 2021 Medical Careers Virtual Expo.
Pathway-specific mechanisms for achieving competencies are identified.	PMCWA is participating in the National Framework for Medical Internship and the subsequent development of a National Framework for Prevocational Medical Training, including involvement in the e-portfolio working group.
4.2 Strengthen the prevocational medical voice and improve communication between PMCWA and prevocational medical officers.	
4.2.1 Develop a PMCWA/JMO communications plan.	
Communications plan is developed and implemented.	<p>JMO communications plan developed outlining communication via newsletters, Facebook and website.</p> <p>PMCWA attended and presented at all sites to promote PMCWA.</p>
4.2.2 Explore additional mechanisms for informing the Council and key stakeholders on prevocational medical officer experience, wellbeing and support.	
Prevocational medical officer experience, wellbeing and support is reported and understood.	<p>Collated list of all wellbeing activities occurring at HSPs is available on PMCWA website.</p> <p>Information is collated from prevocational medical trainees end of term evaluations and accreditation information. Feedback from JMO Forum provided to affected health services.</p>

Medical Education Officer Network Group

PMCWA host the MEO Network Group to provide an opportunity for MEOs across the state to meet, share ideas, discuss challenges and brainstorm solutions. Some of the key discussion points include:

- Multiple orientations across the year at various times due to medical staff arriving from overseas (including quarantining)
- Managing attendance at virtual events
- Leadership programs
- Simulation training
- Digital education resources.

Medical Education Registrar Network Group

PMCWA also host the MER Network Group where the MERs (who hold either 6- or 12-month contracts in a part-time capacity) can collaborate and share resources amongst the group. Over the year there has been a strong focus on resources to support the following:

- Wellbeing of JMOs
- Access to digital education for JMOs
- Basic Physician Training (BPT) exam preparation.

Doctors' Welfare Interest Group

DWIG is chaired by Dr David Oldham (Chair, DHASWA), and hosted by PMCWA. This group provides an avenue for hospitals and health services to share ideas and resources and to advise PMCWA on such matters. Some of the key programs discussed over the year include:

- SCGH's Wellbeing and Staff Support Activities Program
- Bonstato Wellbeing Program
- Mental Health First Aid
- Hot debriefing
- Peer Support
- Mentoring
- "Not Yoga".

Community Residency Program

The metropolitan CRP has been available in WA for over 10 years and is administered by PMCWA in association with the Silver Chain Group (Silver Chain). The CRP provides one of the only opportunities for residents to experience community care in a metropolitan setting prior to making a vocational decision. The program aligns with the Department's commitment to palliative care training in line with the SHR, with residents experiencing a term in either palliative care or Hospital in the Home.

As Australia's largest provider of community-based palliative care and one of the largest providers of home hospital services, Silver Chain provides residents with a rich experience of medical care in the community. Participating in a Silver Chain CRP term allows residents the opportunity to work with teams of nurses, doctors, allied health professionals, volunteers and families in a patient-centred approach to care.

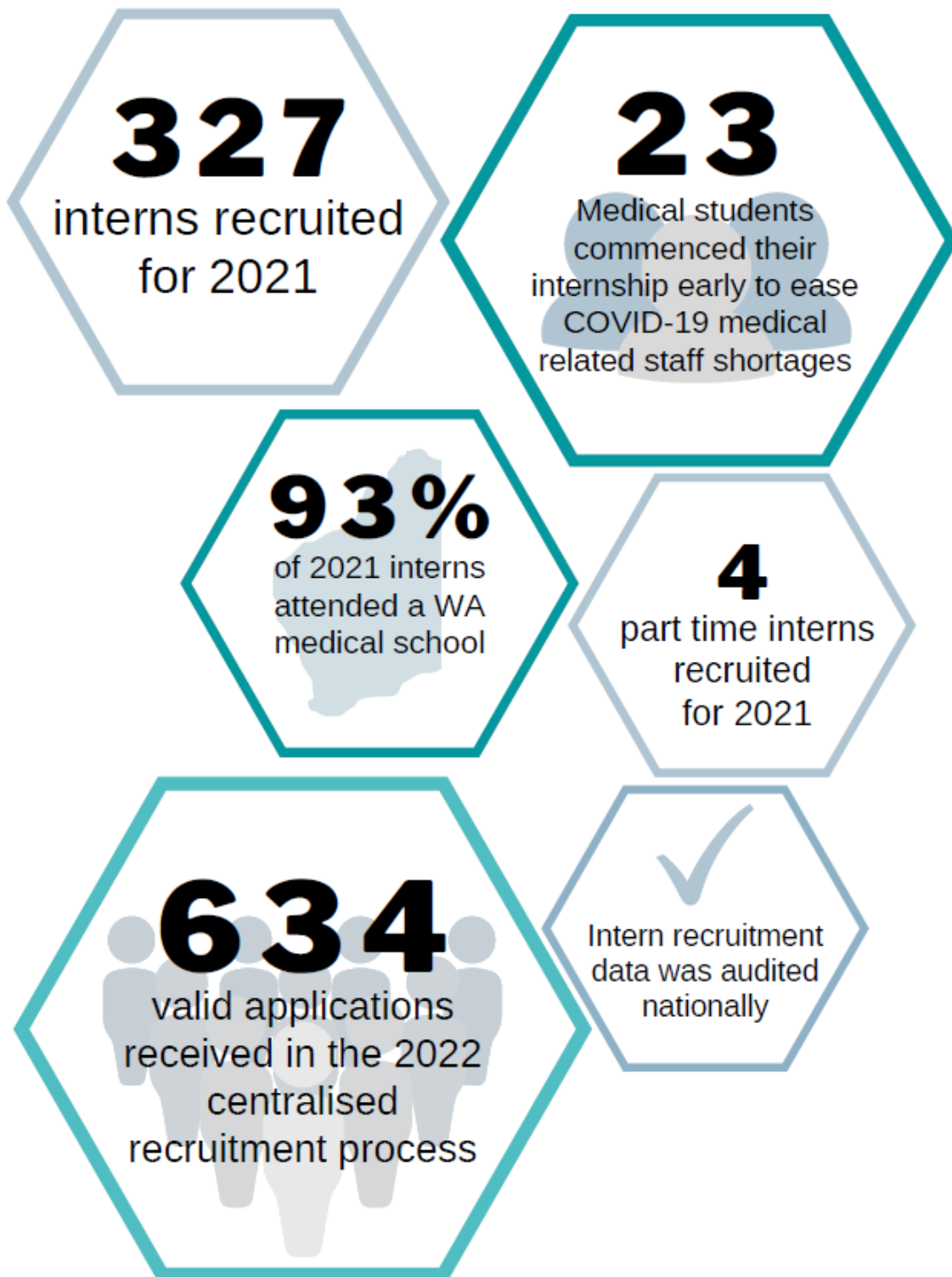
The CRP is regularly evaluated throughout each clinical year with overwhelmingly positive feedback, emphasising a more diverse range of clinical exposure, and a strong focus on continuity of care. Many residents report that they are keen to participate in the program again.

For the 2021 clinical year, PMCWA assisted in the allocation of 30 residents to Silver Chain as part of the metropolitan CRP. The Silver Chain metropolitan program is available to residents from Fiona Stanley Hospital (FSH), Royal Perth Hospital (RPH) and SCGH.

Intern Centralised Recruitment Process

In 2020-21 PMCWA coordinated the annual centralised recruitment of interns in accredited internship positions within WA. Participating PEHSs included FSH, RPH, SCGH, WACHS, SJOG Midland Public Hospital, and for the first time, newly-accredited PEHS, JHC.

PMCWA also assisted the management of the first cohort of medical students to commence their internship two months earlier than anticipated. The 23 interns commenced in November 2020 at FSH to help ease medical workforce pressures caused by COVID-19 related travel restrictions.



Medical Careers ‘Virtual’ Expo

On 10 and 11 May 2021, PMCWA in partnership with the AMA(WA) presented its very first Virtual Careers Expo. It was a hybrid approach with panellists participating in the makeshift studio at The Boulevard Centre, Floreat, and attendees were able to dial in from home or work via a computer, tablet or mobile.

The night was a huge success with 192 attendees logging in on the first night and 122 logging in on the second night. The General Practice session was very popular and included two panel discussions. The first panel comprised of representatives from the Australian College of Rural and Remote Medicine (ACRRM), Royal Australian College of General Practitioners (RACGP), Western Australian General Practice Education and Training (WAGPET) and the National Rural General Pathway and the second with doctors in training who shared their decisions on their pathways and their experiences.

There was a Q&A feature on the platform which allowed the at home audience to send through their questions to the panel. Some of the questions included:

- Are there part-time opportunities?
- Can you take time off during the training?
- What are your tips for getting into the training program?

The feedback was very positive from both attendees and panellists including some great improvements to help inform the 2022 event.

3. Disclosures and Legal Compliance

Occupational Safety, Health and Injury Management

PMCWA is committed to the occupational safety and health management systems as outlined in the Department of Health's *Occupational Safety and Health Policy*. This is in accordance with the *Occupational Safety and Health Act 1984* and the injury management requirements of the *Workers' Compensation and Injury Management Act 1981*.

Multicultural Policy Framework

PMCWA is committed to an inclusive environment for people from Culturally and Linguistically Diverse backgrounds as outlined in the Department of Health's *Multicultural Plan 2021 – 2023*.

Compliance with Public Sector Standards and Ethical Codes

PMCWA operates within the principles of the *Public Sector Management Act 1994*, the Department's *Code of Conduct* and *PMCWA's Code of Conduct*. PMCWA policies and guidelines are updated and revised according to the *PMCWA Policy Framework and Guidelines*. The Policy Framework provides a standardised approach to the policy management process.

Recordkeeping Plans

PMCWA complies with Department of Health standards and associated recordkeeping training in line with the State Records Commission and within the *Department of Health Recordkeeping Plan 2019*.

Conflicts of Interest

Conflicts of interest of PMCWA committee members are declared and areas of potential conflict of interest are acknowledged.

Disability Access and Inclusion

PMCWA complies with the Department of Health's *Disability Access and Inclusion Plan*.

Expenditure

Section 175ZE of the *Electoral Act 1907* requires public agencies to report details of expenditure to organisations providing services in relation to advertising, market research, polling, direct mail and media advertising. PMCWA has not incurred expenditure of this nature.

Other

PMCWA is funded by the Department (with additional funding from Ahpra) 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. One member from a private organisation was remunerated for attendance as the community representative at Council meetings in the 2019-20 financial year.

Position	Name	Type of Remuneration	Period of Membership	Gross/actual remuneration 2019-20 financial year
Consumer Representative	N. Ciffolilli	Per meeting	12 months	\$280.00
Total				\$560.00

4. Financial Statements

Income	\$ Credit
Department of Health Budget Allocation	1,172,850.00
Department of Health Community Residency Program	458,864.00
Ahpra Funding for Intern Accreditation	88,867.48
Total Income	1,720,581.48

Expenditure	\$ Debit
Administration Costs	759,672.37
Salaries	
Superannuation	
Employee Benefits	
Other Administrative Costs	
Operational Costs	76,208.76
National Representation	
Travel and Accommodation	
Project Grants	
Education Programs	
Committee Programs	
Community Residency Program	527,185.92
Accreditation: Strategies and Projects	11,526.94
Total Expenditure	1,374,593.99

5. Appendix

Glossary of Terms

Acronym	Definition
ACRRM	Australian College of Rural and Remote Medicine
Ahpra	Australian Health Practitioner Regulation Agency
AJMOC	Australasian Junior Medical Officer Committee
AMA(WA)	Australian Medical Association (Western Australia)
AMC	Australian Medical Council
Committee	Accreditation and Standards Committee
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
DHASWA	Doctors Health Advisory Service Western Australia
DODs	Deans, OCMO and Directors
DPME	Director of Postgraduate Medical Education
DWIG	Doctors' Welfare Interest Group
EPAs	Entrustable Professional Activities
FSH	Fiona Stanley Hospital
HSP	Health Service Provider
JHC	Joondalup Health Campus
JMO	Junior Medical Officer
MBA	Medical Board of Australia
MEO	Medical Education Officer
MER	Medical Education Registrar
NVR	Non-Vocational Registrars
OCMO	Office of the Chief Medical Officer
PEHS	Primary Employing Health Service
PGY	Postgraduate Year
PMC	Postgraduate Medical Council
PMCWA	Postgraduate Medical Council of Western Australia
RACGP	Royal Australian College of General Practitioners
RMO	Resident Medical Officer
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital

SJOG	St John of God
SHR	Sustainable Health Review
ToR	Terms of Reference
ToTR	Teaching on the Run
TTR	Teaching, Training and Research
WA	Western Australia
WACHS	WA Country Health Service
WAGPET	WA General Practice Education and Training



**POSTGRADUATE MEDICAL COUNCIL
OF WESTERN AUSTRALIA**