

# ANNUAL REPORT

POSTGRADUATE  
MEDICAL COUNCIL  
OF WESTERN  
AUSTRALIA

2021  
2022



Postgraduate Medical Council  
of Western Australia

This report is available online at:

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# 1. Overview

## Executive Summary

Like all organisations, the Postgraduate Medical Council of Western Australia (PMCWA) has been challenged by the unpredictable course of the COVID-19 pandemic in the last 12 months. On a positive note, meeting these challenges has allowed the development of new innovations and strengthened communication between stakeholders. The extensive use of videoconference platforms has allowed the work of the Council to continue seamlessly, even during community restrictions. Similarly, the use of virtual surveys has occurred for the first time and expertise has been gained in the conduct of an accreditation survey using these means.

However, despite these challenges, the vision of PMCWA remains that prevocational doctors are skilled and supported in their work today and well prepared for the future. We work towards this through our inherent values of trust, fairness, respect, commitment and openness.

The work of the PMCWA is aligned to WA Health's Sustainable Health Review (SHR) and the Department of Health's Corporate Plan 2020-22 as well as 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), PMCWA 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 represented in numerous 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 core work with PMCWA working towards additional placements across rural, metropolitan and community locations.

PMCWA is mindful of the importance of developing rural training hubs for doctors in training and in early 2022 has overseen the development of an intern training hub in the Midwest region at Geraldton Regional Hospital. The first cohort of five interns based at Geraldton Hospital will commence in January 2023. Oversight of community residency positions for resident medical officers (RMOs) and general practice (GP) positions for interns is also an integral part of the strategic direction of increasing access to primary care training positions.

This year has seen the establishment of new intern placements to address the additional graduates from the first graduating cohort of Curtin Medical School. New rotations have been created in specialty units at Perth Children's Hospital and Osborne Park Hospital which is the first time these options have been available within WA. In January 2022, 54 new graduates from Curtin Medical School commenced their internships. Planning has continued in collaboration with the Australian Medical Council (AMC) for the implementation of the National Framework for Prevocational Medical Training (National Framework) in 2024.

Further examples of innovation during the pandemic include a restructure of the annual Medical Careers Expo, which was cancelled in 2022 and instead, in collaboration with the Australian Medical Association (WA) (AMA (WA)), an online career series was conducted. Online platforms have also been used to facilitate career preparation for professional interviews. The Medical Careers Portal developed during late 2021 has proven to be a valuable resource for doctors in training. Additional innovative approaches were used for the online 2021 Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF) which was hosted by the New Zealand Medical Council in Auckland. PMCWA invited key stakeholders to a central location to create an opportunity for networking and connectivity that would have otherwise been lost. These events and the work of the Education Committee contribute to the ongoing development of clinical supervisors at 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

*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

*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.

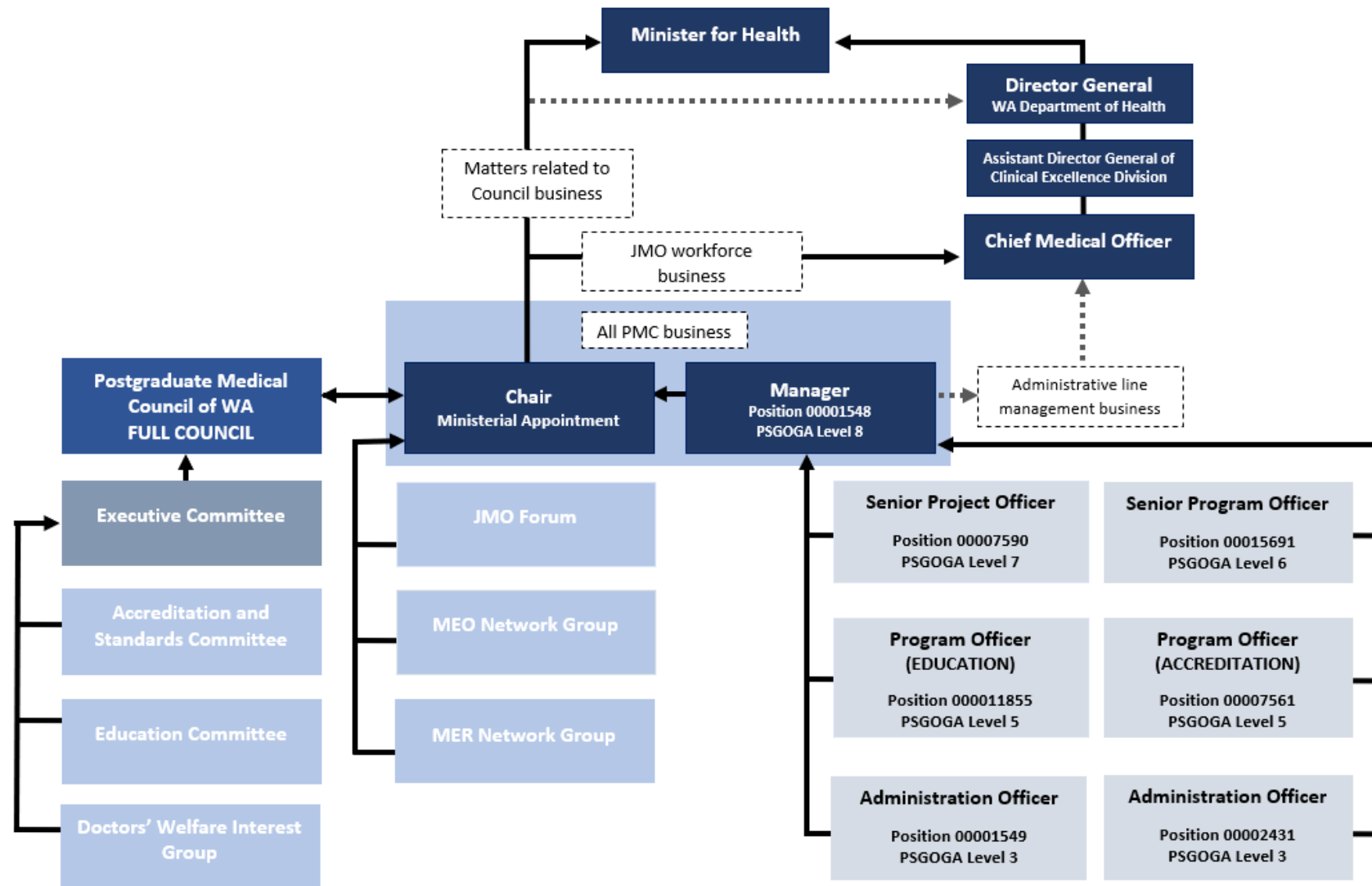
### **COMMITMENT**

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

### **OPENNESS**

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

## Operational Reporting 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 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 as of June 2022, is as follows:

	Member in 2020-21	Member in 2021-22
<b>Chair of Council</b>	Dr Margaret Sturdy	Dr Margaret Sturdy
<b>Chief Medical Officer (Deputy Chair)</b>	Dr Michael Levitt	Dr Michael Levitt
<b>Accreditation Surveyors</b>	Dr Monica Gope	Dr Monica Gope
<b>Australian Medical Association WA, Doctors in Training Committee</b>	Dr Megge Beacroft	Dr Megge Beacroft
<b>Consumers</b>	Ms Nicoletta Ciffolilli	Ms Nicoletta Ciffolilli
<b>Directors of Postgraduate Medical Education</b>	Dr Gregory Sweetman	Dr Gregory Sweetman
<b>PMCWA JMO Forum</b>	Dr Anita Smith	Dr Dean Choong
<b>Medical Directors, Teaching Hospitals</b>	Dr Ajitha Nair	Dr Ajitha Nair
<b>Medical School Deans</b>	Prof Gervase Chaney	Prof Brendan McQuillan
<b>Private Hospitals</b>	Dr Shirley Bowen	Dr Shirley Bowen
<b>Registration Committee, WA State Committee MBA</b>	Dr Daniel Heredia	Dr Clare Matthews
<b>Royal Australasian College of Surgeons</b>	Prof Jeffrey Hamdorf	Prof Jeffrey Hamdorf
<b>Royal Australian College of General Practitioners</b>	Dr Colleen Bradford	Dr Colleen Bradford
<b>Royal Australasian College of Physicians</b>	Prof Timothy Bates	Prof Timothy Bates
<b>WA Country Health Service</b>	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
<b>No. 25: Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability.</b>	<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>
<b>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.</b>	<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's Corporate Plan Key Priorities and Deliverables	PMCWA Key Priorities
<p><b>1.6 Develop culture and workforce to support new models of care</b></p> <ul style="list-style-type: none"> <li><b>1.6.7: Plan for additional Curtin Medical School graduates entering the WA medical workforce in 2022.</b></li> </ul>	<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 2021-22 financial year is described in the following pages in the context of these four areas and 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 (PEHSSs) to present accreditation data for their health service and update them on the National Framework review for internships.
Boards receive PMCWA reports and respond.	PMCWA biannual newsletters are sent to Chief Executives and 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 2021 national Medical Training Survey (MTS) received 2,123 respondents from WA. The WA data was compiled and analysed and made available to HSPs.
HSP Directors of Postgraduate Medical Education's (DPMEs) awareness of reports.	At both accreditation site visits and meetings with Chief Executives, PMCWA shared the site-specific responses and WA responses from the MTS report and encouraged sites to use findings to inform their education and accreditation programs. PMCWA also provides updates on PMCWA strategies which will support HSPs.
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. Planning for the implementation of the National Framework has commenced, including development of resources to support supervisor training. PMCWA has also ensured additional supervisor Full-Time Equivalent (FTE) to account for the increased number of intern positions.
Majority of prevocational medical officer supervision and education experience is rated as positive, through accreditation survey process.	<p>Ongoing accreditation site surveys seek feedback from prevocational trainees - prevocational medical trainee supervision and education were rated as positive.</p> <p>Of the departments surveyed in 2021-22, 97.9% were assessed as providing good prevocational medical officer supervision and 97.9% as providing adequate education opportunities.</p>
1.1.4 Explore options for PMCWA exposure and representation at all sites.	
Number of PMCWA presentations and meeting attendances per site.	All PMCWA committees have representation from HSPs, including JMO membership on each committee. Chair and Manager met with Chief Executives at eight sites to discuss PMCWA activities including accreditation, The National Framework and MTS results.

	<p>There are 30 active JMO Forum members and five meetings were held in 2021-2022.</p> <p>There are 43 MEOs actively involved in the four scheduled meetings hosted by PMCWA.</p> <p>PMCWA facilitates nine meetings per year for the 17 active MERs.</p> <p>The Accreditation and Standards Committee has 19 members and met six times.</p> <p>The PMCWA Doctors' Welfare Interest Group (DWIG) has 25 members who met three times.</p> <p>COVID-19 distancing requirements resulted in most meetings being undertaken via a virtual meeting format with participation remaining high. PMCWA will continue to provide the option to attend meetings virtually.</p>
<b>1.1.5 Explore additional mechanisms for informing the Council and HSP Boards on prevocational medical officer experience, wellbeing and support.</b>	
HSP Boards informed of prevocational medical officer experience, support and wellbeing (from PMCWA reports).	PMCWA accreditation reports are provided to HSP Senior Executives. PMCWA's analysis of the MTS results are created into a report for each of the HSPs and sent to the HSPs.
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.
<b>1.2 Effective national advocacy for postgraduate medical education.</b>	
<b>1.2.1 Provide a strong voice, representing WA priorities, in all national forums.</b>	
Number and proportion of attendance (by JMO Forum leads) in national meetings/forums.	<p>JMO Forum Co-Chair virtual attendance at both Australasian Junior Medical Officers' Committee (AJMOC) meetings in 2021 and 2022 and at the JMO Forum meetings in 2021 and 2022.</p> <p>Relevant minutes/information circulated internally within PMCWA and disseminated to PMCWA Committees and broader stakeholders, where relevant.</p>
Outcomes/proceedings of national meetings/forums reflect WA priorities.	PMCWA is well represented at both a state and national level. Please see page 14 for National Committee Representation details. Representation on all these committees provide ample opportunity to voice WA's priorities.
<b>1.3 Explore opportunities to engage consumers and community members in accreditation functions and the broader work of Council.</b>	
<b>1.3.1 Develop formal, ongoing relationships with consumers and community members.</b>	
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 the Council.
<b>1.3.2 Develop a model for consumer representation on Council.</b>	
Consumer representation is included and embedded on Council.	PMCWA has an experienced community representative on Council, and this appointment is embedded in the PMCWA Charter. JMOs as key consumers are represented in all PMCWA committees.
<b>1.4 A governance structure that is contemporary and fit for purpose.</b>	

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. As there has been both a new Chair and a new Minister for Health since the current intent and expectation documents, new statements are being prepared.</p> <p>The PMCWA Board Charter reflects contemporary governance principles.</p> <p>The Accreditation and Standards Committee is independently chaired and this role reports to the Chair, PMCWA.</p>

## Deans, Office of Chief Medical Officer and Directors (DODs) Meeting

Coinciding with the planning for the COVID-19 pandemic response in 2020, regular scheduled meetings were undertaken between the Deans of WA medical schools (Curtin Medical School, University of Western Australia and University of Notre Dame, Fremantle), the Office of the Chief Medical Officer (OCMO) and the DPMs at each of the PEHSs. While the business of these meetings was reactive to the ever-changing dynamics of the pandemic response, the forum has been identified as a productive group for both operational and strategic issues in the medical training environment.

The forum proved to be successful in maintaining clinical placement for medical students during the pandemic as well as managing access to vaccination and personal protective equipment training including fit mask testing. As a result, the graduating cohort of medical school students was able to meet the requirements for clinical placement without interruption to their anticipated course completion.

## National Committee Representation

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

Chair:

- CPMEC Board Member
- AMC Prevocational Standards Accreditation Committee
- CPMEC Working Party for the National Framework for Prevocational Medical Training
- AMC review of National Prevocational Framework/transition to practice
- MTS Consultative Committee (Jurisdiction Advisory Committee)

Manager:

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

## 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 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 2021-22 included:

- Providing feedback on newly created internship positions to accommodate the increase in graduates, especially at Perth Children's Hospital and Osborne Park Hospital
- Assisting in the review of the National Framework
- Exploring new virtual educational opportunities
- Promotion of the Australian Health Practitioner Regulation Agency's (Ahpra) MTS 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 this period, a flexible approach to manage the accreditation workload amid a pandemic was taken. Many accreditation reviews were conducted virtually. Several junior doctor positions were identified and considered to allow health services to manage the anticipated workloads as a result of COVID-19. These positions were monitored by PMCWA and the health services.

<b>2.1 Support the establishment of new accredited training positions to meet the demands of a diverse workforce.</b>	
<b>2.1.1 Consider methods for optimising the balance between education and service provision.</b>	
Prevocational medical officer and supervisor experience measures are reported.	Prevocational doctor feedback is collected as part of accreditation surveys. Sites are also required to provide feedback of any term evaluations collected by health services. At times, PMCWA contacts JMOs directly.
Supervisors and prevocational medical officers report adequate teaching and learning opportunities.	97.8% of departments that had undergone a formal accreditation survey in 2021-22 provided adequate education opportunities to prevocational medical officers.
<b>2.1.2 Consider modification of Accreditation Standards, if required.</b>	
Framework of governance reflected in the accreditation criteria of non-traditional placements.	All intern and resident placements are accredited against the PMCWA Accreditation Standards. New intern training positions have been accredited in non-traditional settings and these are monitored via the Accreditation Standards.
<b>2.2 Explore the range and characteristics of potential prevocational positions (including Hospital Non-Specialists).</b>	
<b>2.2.1 Identify and quantify Non-Vocational Registrars (NVR) and their teaching and learning needs.</b>	
Report on the NVR demographic, by HSP.	Numbers of non-training registrars are available 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, PMCWA is working towards an understanding of the composition of the NVR workforce and their training requirements.
<b>2.2.2 Develop options to address the diversity of individual and positional education and supervision needs.</b>	
All medical education related positions specify and meet clear educational and supervision requirements.	Positions are accredited to ensure PMCWA Accreditation Standards are met.

<b>2.3 Optimise the clinical safety and quality of prevocational medical officer performance.</b>	
<b>2.3.1 Monitor for workload, support and performance management through new as well as established accreditation practices.</b>	
Accreditation reports include reporting on prevocational medical officer workload, support and performance management.	At all surveys, trainees are asked to comment on the workload in each unit surveyed. If this is determined to be too high, the report to the site will include recommendations for action. COVID-19 has resulted in an increased workload in most units. Performance management of underperforming prevocational trainees is undertaken at a site level.
<b>2.4 Enhance the relationships between PMCWA and the hospitals and units providing training posts, to support an appropriate education culture.</b>	
<b>2.4.1 Diplomacy and negotiations.</b>	
Number of challenged outcomes.	No outcomes challenged.
Satisfaction with negotiated resolution.	N/A as no challenges.
<b>2.4.2 Clear communication of PMCWA's responsibility for accreditation of prevocational positions.</b>	
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

Dr Monica Gope acted in the PMCWA Accreditation and Standards Committee (the Committee) Chair role in November 2021 whilst PMCWA underwent recruitment to formally appoint a new Chair. In April 2022, PMCWA welcomed Dr David Oldham as the new Committee Chair.

Over the six meetings held in the 2021-22 period, the Committee discussed and considered several items such as the impact of staff shortages and surge planning as a result of COVID-19, and clarifying accreditation requirements for mid-term assessment, orientation and supervision. In addition, representatives from St John of God and Joondalup Health Campus were appointed to join the Committee.

## Accreditation Reviews

Following the opening of international borders and reintroduction of physical distancing restrictions this year, PMCWA continued with the accreditation survey schedule virtually. Most site surveys were conducted online for the first half of 2022.

An influx of accreditation requests for temporary junior doctor positions to manage COVID-19 surge and staff furloughs, from several PEHSs, were submitted to PMCWA.

In the last year, PMCWA conducted 24 accreditation surveys, some of which included multiple surveys for the same health service. Of note, St John of God Subiaco Hospital, Peel Health Campus and Fremantle Hospital underwent full hospital wide surveys.

Provisional accreditation was awarded for new intern positions at Perth Children's Hospital and Osborne Park Hospital in late 2021. More recently, a survey of three units at Geraldton Regional Hospital was brought forward to assess its suitability for interns.



## Key Focus Area 3

### Education, Supervision and Assessment

The focus for 2021/22 has been on the delivery of a suite of some smaller professional development activities and the usual Medical Education Symposium. All events were very well received and has provided insight into the future demand for these smaller group sessions. Further details of this year's professional development program and other events can be found 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.	All sites participate with accreditation activities for both interns and residents and are aware that from time to time PMCWA contacts and seeks feedback from prevocational trainees.
Standards are reviewed to reflect best practice.	PMCWA is participating in the review of the National Framework and will implement new Accreditation Standards as they are released.
3.1.2 Advocate for supervisors to have training in supervision.	
Number and percentage of supervisors trained in supervision.	COVID-19 has resulted in programs of supervisor training such as Teaching on the Run being suspended. It is anticipated these will recommence as the pandemic restrictions ease. The implementation of the National Framework will ensure all supervisors undertake supervisor training and PMCWA will report these numbers to the AMC in annual reporting requirements.
Number of PMCWA led workshops for supervisors and attendance by supervisors and medical education stakeholders (i.e. DCTs, DPMEs, MERs).	Professional development was held for DPMEs, Directors of Clinical Training (DCTs), MEOs and JMOs in September 2021 with a total of 37 attendees across all three groups.
For new placements - number and percentage of supervisors trained in supervision.	Funding received for additional medical graduates has increased intern numbers and has also been allocated to sites to support additional supervision.
Supervisor satisfaction reported.	Not commenced.

### Education Committee

The Education Committee now has its full quota of members with representatives from all key stakeholders such as DCTs, DPMEs, MEOs, JMOs and AMA(WA) doctors in training. This provided great feedback for planning the annual Medical Education Symposium and the Medical Careers Expo, the development of the Careers Portal and WA's involvement in the 2021 ANZPMEF (hosted virtually by the Medical Council of New Zealand).

## Professional Development

The following professional development workshops were provided:

### **1. Career Counselling Online Sessions (prevocational medical trainees)**

Dr Ashe Coxon, founder of 'Medical Career Planning' and a GP ran two virtual didactic lectures and two virtual workshops. These sessions were aimed at two groups – those who are seeking career guidance, and those who know what career they would like to pursue and would like advice on how to get there. 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. Online interview skills workshop (prevocational medical trainees)**

This online interview skills workshop was hosted by experienced journalist Andrea Burns. The interactive online session covered a range of interview tips and tricks including what interviewers are looking for and the three basic types of interviews. The workshop was very well attended and received. In addition to this, a resource video was developed for junior doctors with information on how to handle nerves in an interview and present themselves well – both for virtual and in person.

### **3. Building the Foundations for your Success (prevocational medical trainees)**

Dr Nick Martin, Emergency Physician, led an interactive workshop with a range of prevocational medical trainees. The workshop covered topics such as self-awareness, lifelong learning, support systems available and understanding the value of 'managing your life.'

### **4. Supporting JMO Performance, Slowing Down the Advice Monster (MEOs)**

Mr Brendon Cappelletti, a learning and development professional with over 20 years' experience across multiple industries worked with MEOs to explore different techniques for supporting junior doctors and how to manage emotional reactions.

### **5. Optimising Performance of JMOs (DPMEs and DCTs)**

Dr Fiona Lake, Director Medical Education and Respiratory Physician, facilitated a workshop and discussion to understand how DPMEs and DCTs support their junior doctors in a clinical setting and optimise their performance. This session explored the role and expectations of the supervisor and the junior doctor, and how to manage doctors who may need additional assistance.

## Medical Education Symposium

The annual Symposium was held on 3 September 2021. The theme was *Foundations for JMO Success* and each of the morning professional development sessions and the afternoon plenary sessions followed this theme.

The Symposium was a success with over 40 people, who are all involved in prevocational medical education across the state, in attendance. It also served as an opportunity to discuss the National Framework and the key stakeholders that will be impacted by its implementation.

## Australian and New Zealand Prevocational Medical Education Forum

The 2021 Forum was hosted by the Medical Council of New Zealand and was delivered completely virtually. Although this of course had its challenges there were some great benefits that arose including the ability of many from WA to be able to participate. PMCWA hosted a hub for all those from WA who registered for the event, allowing the usual networking and debriefing which would not have been possible if all registrants were participating from their own desks. The WA hub created a great vibe with everyone enjoying this somewhat different experience.

## Awards

Each year the Postgraduate Medical Councils recognise a Clinical Educator and Junior Doctor who have demonstrated outstanding contributions to prevocational training in their respective jurisdictions. The winner from each jurisdiction is put forward to the national judging panel.

From a strong nomination pool Dr Brittney Wicksteed was announced the 2021 WA Junior Doctor of the Year and received her award via videoconference at the PMCWA Medical Education Symposium in September. Brittney has a passion to advocate for rural doctors and has made great contributions to education, training and service improvement as well as being part of the JMO Forum.

Dr Zarrin Allam was awarded WA's 2021 Clinical Educator of the Year and went on to successfully win the 2021 CPMEC award which was presented virtually at the 25th ANZPMEF in October. Zarrin's dedication has been awarded with recognition of her teaching, innovation, mentoring and introduction to upgraded wellbeing practices for junior doctors. She has also been recognised for her kindness and generosity with her time.

Congratulations to both Brittney and Zarrin for being chosen as this year's winners. PMCWA 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 most exciting initiatives for this year was the development of a Medical Careers Portal to assist junior doctors and final year medical students to find the right career for them and the right employment pathway to achieve that. Information about this portal and the other career transition and support initiatives can be found below.

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>In lieu of the Medical Careers Expo, two online career sessions were offered to JMOs focusing on where to access career information/resources, and to provide information on GP options.</p> <p>Four online career counselling workshops were provided to JMOs targeting those who do not know what they want to specialise in, and those who do.</p> <p>Specialty training profiles including training locations and current workforce demographics are available on PMCWA website.</p> <p>Development and hosting of the PMCWA Careers Portal to navigate different careers, location and which personality might be best suited to them.</p>
Feedback and information from prevocational medical officers on future needs and requirements regarding career pathway – actioned by PMCWA.	<p>Information gathered from evaluation forms following the two career sessions and four career counselling workshops.</p> <p>Information collated through the WA JMO Forum about career needs of JMOs and how PMCWA can assist.</p>
Pathway-specific mechanisms for achieving competencies are identified.	PMCWA is participating in the development of the National Framework and the subsequent implementation of the National Framework 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.	JMO communications plan is current and outlines communication via newsletters, Facebook and website.
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's 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. DWIG provides an opportunity to discuss current issues and to share initiatives.</p>

## Medical Careers Portal

The Medical Careers Portal allows users to identify the focus and conditions of the work they would prefer, their individual work style and their training needs and wishes. The portal then generates a list of careers that meet these criteria. Users can also search for where they can access the rotations they need and once at a chosen hospital what other rotations are available. PMCWA collaborated with Dr Ashe Coxon to create this content as well as taking information from the video footage of the hybrid Medical Careers Expo held in 2021. The portal can be found on PMCWA's website <https://www.pmcwa.org.au/careers/careers-portal/>

## 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 included:

- Sharing of orientation resources and ideas
- Managing online orientation during COVID-19 restrictions
- Managing attendance and encouraging engagement at virtual events
- PMCWA's Medical Careers Portal
- Improving access to educational content between WA Health and private hospitals.

## 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 the following:

- Wellbeing of JMOs during COVID-19
- Creation of resources list that is accessible to all MERs
- Managing challenges of online teaching sessions
- Improving JMO attendance at education.

## Doctors' Welfare Interest Group

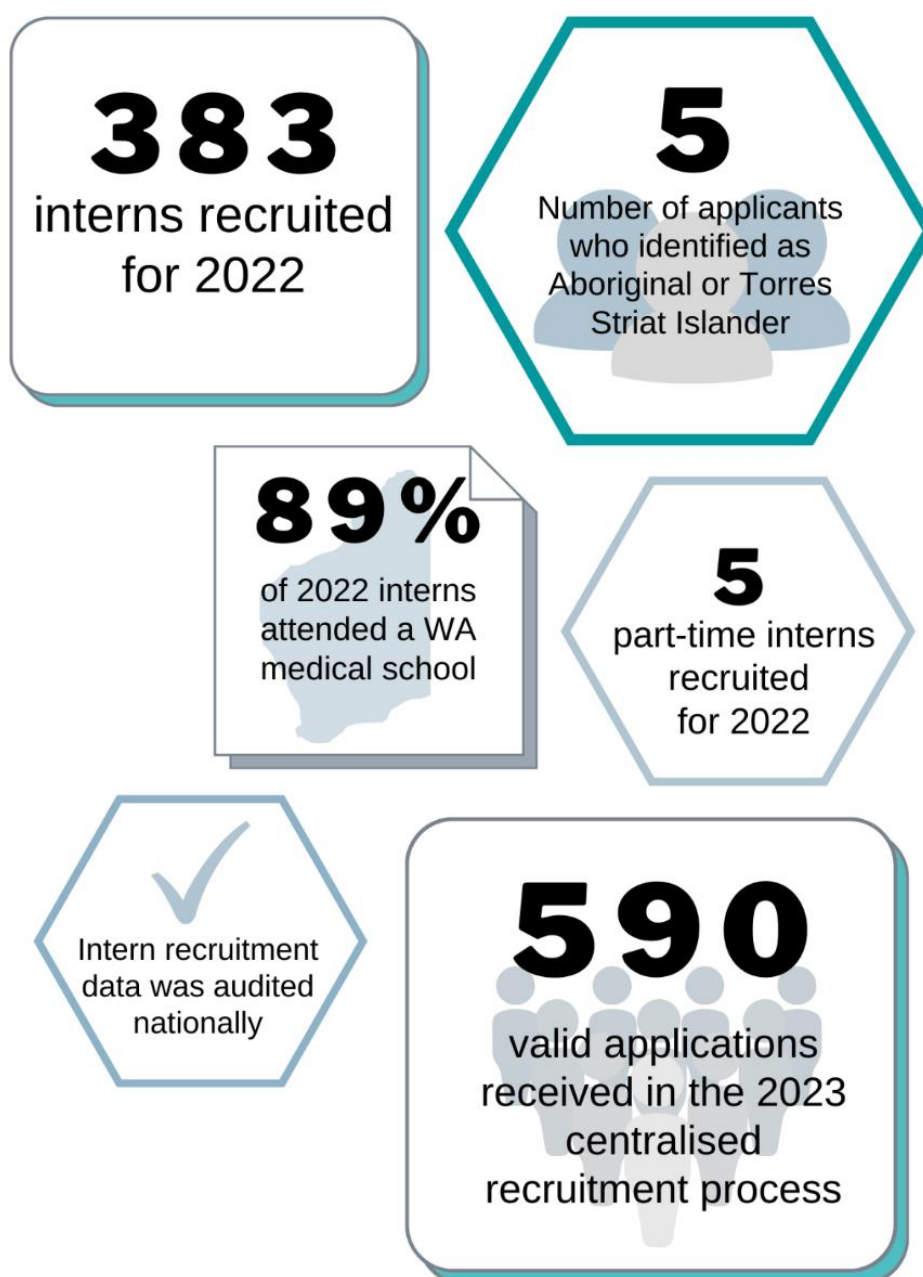
DWIG is chaired by Dr David Oldham (Chair, DHASWA), and hosted by PMCWA. This group is comprised of representatives from each hospital and health service who have an invested interest in developing and promoting wellbeing initiatives. It also provides an avenue to share ideas, resources and support. Some of the key programs and resources discussed over the year include:

- |                                   |  |
|-----------------------------------|--|
| • Anaesthetist Welfare Guidelines | • Humans of Medicine   |
| • Bonstato Wellbeing Program      | • New Horizons Conference  |
| • Mental Health First Aid         | • Australian Medical Students Association's Traffic Light Guide. |
| • Expansion of the Drs 4 Drs list |  |

## Intern Centralised Recruitment Process

In 2021-22 PMCWA coordinated the annual centralised recruitment of interns in accredited internship positions within WA. Participating PEHSs included Fiona Stanley Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, WA Country Health Service, St John of God Midland Public Hospital, and Joondalup Health Campus.

The first cohort of medical students from Curtin Medical School applied for 2022 internship positions, with each receiving a 2022 WA intern offer.



# 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*.

Measures	Results 2019/20	Results 2020/21	Results 2021/22	Targets	Comments about targets
Number of fatalities	0	0	0	0	n/a
Lost time injury and disease incidence rate	0	0	0	0	n/a
Lost time injury and severity rate	0	0	0	0	n/a
Percentage of injured workers returned to work (i) within 13 weeks	100%	100%	100%	100%	n/a
Percentage of injured workers returned to work (ii) within 26 weeks	n/a	n/a	n/a	n/a	n/a
Percentage of managers trained in occupational safety, health and injury management responsibilities, including refresher training within 3 years	100%	100%	100%	100%	n/a

## 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*. The Department of Health reports on the submission of their multicultural plan for the 2021-22 financial year in their Annual Report.

## 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 2021-22 financial year.

Position	Name	Type of Remuneration	Period of Membership	Gross/actual remuneration 2021-22 financial year
Consumer Representative	N. Ciffolilli	Per meeting	12 months	\$280.00
Total				\$560.00



## 4. Financial Statements

The PMCWA sits administratively within the Department of Health and as such its financials are reported within the Department of Health's Annual Report.

# 5. Appendix

## Glossary of Terms

Acronym	Definition
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
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
FTE	Full-Time Equivalent
GP	General Practitioner
HSP	Health Service Provider
JMO	Junior Medical Officer
MBA	Medical Board of Australia
MEO	Medical Education Officer
MER	Medical Education Registrar
MTS	Medical Training Survey
National Framework	National Framework for Prevocational Medical Training
NVR	Non-Vocational Registrars
OCMO	Office of the Chief Medical Officer
PEHS	Primary Employing Health Service
PGY	Postgraduate Year
PMCWA	Postgraduate Medical Council of Western Australia
RMO	Resident Medical Officer
SHR	Sustainable Health Review
TTR	Teaching, Training and Research
WA	Western Australia





Postgraduate Medical Council  
of Western Australia