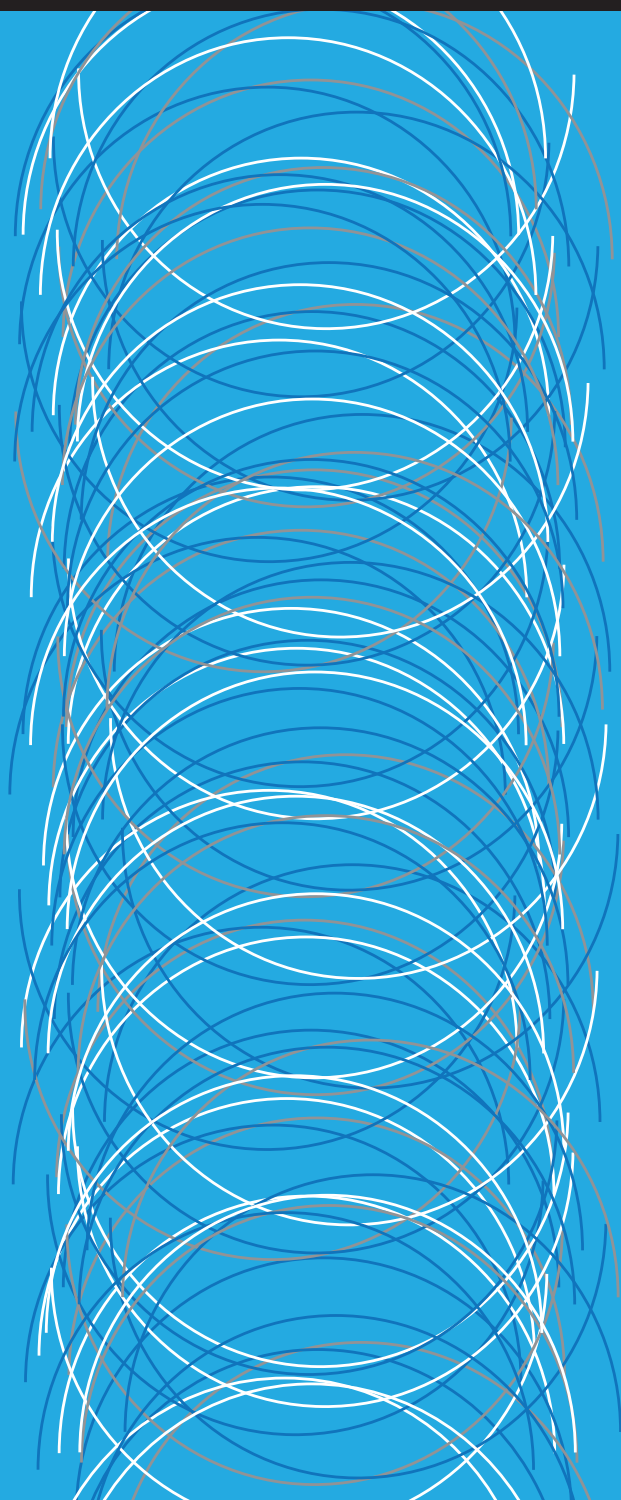


Australian Medical Council Limited

Accreditation Report:  
Postgraduate Medical Council of  
Western Australia

AMC



Prevocational Standards Accreditation Committee  
August 2023

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## Acknowledgement of Country

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The Australian Medical Council (AMC) acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

## Executive summary

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This report records the findings of the Australian Medical Council (AMC) assessment of the Postgraduate Medical Council of Western Australia (PMCWA), the intern training accreditation authority for Western Australia.

The Postgraduate Medical Council of Western Australia was granted initial accreditation by AMC Directors in March 2014 as the intern training accreditation authority for Western Australia. Initial accreditation is subject to the authority meeting the monitoring requirements of the AMC, including satisfactory progress reports. Under AMC accreditation procedures, initial accreditation continues until another accreditation decision is made, for example following a full accreditation assessment.

In May 2023, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2019*. The AMC team assessed the intern training accreditation activities of the authority against the requirements of the document, *Intern training – Domains for assessing accreditation authorities, 2020*.

- i. Accreditation for a period of five years subject to satisfactory progress reports. In the year the accreditation ends, the intern training accreditation authority will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation assessment.
- ii. Accreditation for five years subject to certain conditions being addressed within a specified period and to satisfactory progress reports. In the year the accreditation ends, the intern training accreditation authority will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation review.
- iii. Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the intern training accreditation authority satisfies the domains for assessing accreditation authorities, the AMC may grant accreditation with conditions and for a period of less than five years. At the conclusion of this period, or sooner if the intern training accreditation authority requests, the AMC will conduct a follow-up review.

AMC Directors at their 14 September 2023 meeting resolved:

- (i) that the Postgraduate Medical Council of Western Australia (PMCWA) substantially meets the domains for assessing accreditation authorities; and
- (ii) that the Postgraduate Medical Council of Western Australia (PMCWA) be accredited as an intern training accreditation authority for five years to 31 March 2029, subject to satisfactory annual monitoring reports to the AMC.

In 2028, before this period of accreditation ends, the AMC will seek an accreditation extension submission from PMCWA. The report should address the requirements of the *Domains for assessing and accrediting prevocational training accreditation authorities* and outline PMCWA's development plans for the next three years. The AMC will consider this submission and, if it decides PMCWA is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of three years, taking accreditation to the full period which the AMC will grant between assessments, eight years.

## Key findings

The key findings of the 2023 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

The left column of the Table includes commendations and recommendations for improvement. Recommendations for improvement are suggestions not conditions.

The right column summarises the findings for each domain and lists any accreditation conditions. The AMC imposes conditions where requirements are ‘not met’ or ‘substantially met’ to ensure that the intern training accreditation authority satisfies the domain in a reasonable timeframe. The AMC requires accreditation authorities to provide evidence of actions taken to address the condition and to meet the domain in a specified timeframe.]

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 1 – Governance</b>	<b>Met</b>
<u>Commendations</u> <p>A The clear structures for operational management as a result of the PMCWA’s administrative positioning within the WA Department of Health, which provide for business stability and clear resourcing. (1.3)</p> <p>B The active departmental, health service and medical school stakeholder engagement within and informing governance structures. (1.6)</p> <p>C The clear commitment to, and support for, the development of Junior Medical Officer members within the work of the PMCWA. (1.6)</p> <u>Recommendations for improvement</u> <p>AA Separate the requirement for ‘a member with knowledge and experience in rural health and rural medical workforce issues and an understanding of Aboriginal and Torres Strait Islander health’ on Council into two separate membership categories and recruit and Aboriginal and/or Torres Strait Islander person to provide expertise on Aboriginal and Torres Strait Islander health. (1.6)</p>	<u>Conditions to satisfy accreditation domains</u> <p>Nil</p>
<b>Domain 2 – Independence</b>	<b>Met</b>
<u>Commendations</u>	<u>Conditions to satisfy accreditation domains</u> <p>Nil</p>

<p>D The independent decision making by the Accreditation and Standards Committee, including evidence of well-designed terms of reference and diverse Committee membership and the ability to make independent decisions in difficult circumstances. (2.1)</p> <p><u>Recommendations for improvement</u></p> <p>BB As the pool of survey team leads increases, consider separating committee member roles and survey chair roles to reinforce the independence of the committee's decision making. (2.1)</p>	
Domain 3 – Operational management	Met
<p><u>Commendations</u></p> <p>E The regular review and monitoring of the operational risk register by the PMCWA demonstrating a maturity in risk mitigation. (3.2)</p> <p>F The robust systems for the effective management of information and contemporaneous records and the staff's commitment to maintaining these. (3.3)</p> <p><u>Recommendations for improvement</u></p> <p>CC Review the staff and financial resources against the Council's accreditation work program and strategic plan to ensure that ambitions of the Council and its stakeholders relating to important workforce initiatives can be achieved. (3.1)</p> <p>DD Refine risk reporting and escalation processes, particularly in preparation for the implementation of the National Framework for Prevocational Medical Training. (3.2)</p> <p>EE Implement a risk-based approach to updating documentation and consider phasing the next review dates for the documents once they have been finalised for the implementation of the National Framework for Prevocational Medical Training. (3.3)</p>	<p><u>Conditions</u></p> <p><i>Nil</i></p>



Domain 4 – Accreditation processes	<b>Substantially met</b> <i>4.3 Managing conflicts of interest in the work of accreditation visitors and committees is substantially met</i>
<p><u>Commendations</u></p> <p>G The comprehensive and publicly available website, containing up-to-date versions of key core documentation relating to accreditation requirements, procedures and outcomes. The information relating to accreditation status and outcomes of accreditation processes is clear and transparent. (4.1)</p> <p>H The PMCWA’s commitment to support and training of surveyors, including the training session that was highly regarded by surveyors (4.2)</p> <p>I The collaborative approach to facilitating incremental quality improvement that supports health services to achieve compliance with the standards. (4.5)</p> <p>J The collegiate and collaborative working relationships between the Authority and health services to further support the raising and management of junior doctor wellbeing concerns (4.8)</p> <p>K The professionalism and commitment of the PMCWA secretariat staff that was reported by JMOs to provide supportive avenues for raising concerns. (4.8)</p> <p>L The team found the communication style and collegiate nature of the PMCWA’s accreditation work to be commendable. The team heard resounding feedback of the excellent communication to stakeholders and support from the PMCWA, from a broad range of stakeholders, including health service and medical school staff, and junior doctors. (4.11)</p> <p><u>Recommendations for improvement</u></p> <p>FF Review the <i>PMCWA Accreditation Standards Guideline</i> to ensure the information for surveyors is aligned to the model implemented and reflects requirements of the revised National</p>	<p><u>Conditions to satisfy accreditation domains</u></p> <p>In the 2024 monitoring submission:</p> <p>1 Ensure effective and consistent management of conflicts of interest in the Accreditation and Standards Committee meetings. (4.3)</p>

	Framework for Prevocational Training from 2024. (4.2)	
GG	Work with junior medical officers to build a shared understanding of how to support the sharing of their perspectives while appropriately managing potential for undue bias and describe this within the <i>Conflict of Interest Guideline</i> (and/or other documentation as appropriate). (4.3)	
HH	Confirm and apply the <i>Conflict of Interest Guideline</i> to support effective management of conflicts of interest in the context of the WA prevocational health system. (4.3)	
II	Consider the sustainability of the current model and whether there may be alternative approaches that will provide support and assurance over the next few years, while the revised framework is being implemented and rural placements are being developed/expanded (4.4)	
JJ	Consider engaging the perspectives of a broader group of prevocational doctors (including doctors who have recently completed a term) in accreditation surveys to strengthen the evidence of decisions. (4.4)	
KK	Document the additional avenues for requests for clarification/explanation of a finding, a review of a decision, which in practice precede the process of a formal appeal). (4.12)	
LL	Review the composition of the Appeals Committee to be cognisant of potential conflict of interest of the PMCWA leadership team and remove the appellant nomination to the committee. (4.12)	
<b>Domain 5 – Stakeholder collaboration</b>		<b>Met</b>
<u>Commendations</u>		<u>Conditions to satisfy accreditation domains</u>
M	The PMCWA secretariat's and members' commitment to collaboration and responsive engagement with stakeholders. (5.1)	Nil
N	The clear structures and mechanisms which facilitate the engagement of a	

<p>wide range of stakeholders within the WA health system (5.1).</p> <p><u>Recommendations for improvement</u></p> <p><i>Nil</i></p>	
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## Introduction

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### AMC and intern training accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

From 2014, as part of the national framework for medical internship, the AMC assesses and accredits the authorities that accredit intern training programs. This framework includes a national registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship, as well as national standards and guidelines on intern training.

The AMC process for accreditation of intern training accreditation authorities provides advice to the Medical Board of Australia to enable it to make a decision to approve authorities that accredit intern training terms, as required under the registration standard. The AMC assessments focus on intern training accreditation and do not address other functions performed by these organisations. The AMC assesses the intern training accreditation authorities' processes and standards against a quality framework, *Intern training – Domains for assessing accreditation authorities*. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

The AMC's Prevocational Standards Accreditation Committee oversees the AMC process of assessment and accreditation of intern training accreditation authorities, and reports to AMC Directors. The Committee includes members appointed after consultation with the state and territory health jurisdictions, the Confederation of Postgraduate Medical Education Councils and Medical Deans Australia and New Zealand. The Committee also includes members experienced in AMC accreditation and examination processes, and medical regulation, Aboriginal and/or Torres Strait Islander members, a junior doctor member, an international medical graduate member, director of clinical training members, as well as a member with a background in, and knowledge of, health consumer issues.

For each accreditation assessment, the AMC appoints an expert team. The intern training accreditation authority's accreditation submission, which addresses the *Intern Training: Domains for Assessing Authorities*, forms the basis of the assessment. Following a review of the submission, the team discusses the submission with staff and committees of the intern training accreditation authority and meets stakeholder representatives. The team may also observe some of the authority's usual intern training accreditation activities. Following these discussions, the team prepares a detailed report for the Prevocational Standards Accreditation Committee, providing opportunities for the authority to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, to AMC Directors. The Directors make the final accreditation decision. The granting of accreditation may be subject to conditions.

Once accredited by the AMC, all intern training accreditation authorities are required to report annually to the Prevocational Standards Accreditation Committee against the domains and any conditions on their accreditation.

### AMC assessment of the Postgraduate Medical Council of Western Australia

The Postgraduate Medical Council of Western Australia (PMCWA) is the intern training accreditation authority for Western Australia.

The Postgraduate Medical Council of Western Australia were granted initial accreditation in March 2014. In 2015, an AMC team completed an assessment of the Postgraduate Medical Council of Western Australia's intern training accreditation work. On advice from the Prevocational Standards Accreditation Committee, AMC Directors, at their December 2015 meeting, agreed that they were reasonably satisfied the PMCWA met the domains for assessing accreditation authorities and granted accreditation to PMCWA as the intern training accreditation authority for the maximum period of five years, to 31 December 2018. In February 2018 AMC Directors adjusted the accreditation date to 31 March 2021.

In 2020, PMCWA was due to submit a comprehensive report for extension of accreditation. In light of the impact of COVID-19, and the decision to request streamlined progress reports from all accreditation authorities during 2020, in May 2020, the AMC extended the accreditation of PMCWA until 31 March 2022.

Based on a satisfactory comprehensive report in 2021, AMC Directors extended accreditation for two years to 31 March 2024.

This report details the 2023 assessment of Postgraduate Medical Council of Western Australia (PMCWA) against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted PMCWA regarding the commencement of the assessment process in October 2022, after which there were regular discussions between AMC and PMCWA staff to plan the assessment.
- PMCWA developed an accreditation submission, addressing the domains in the Intern training – Domains for assessing accreditation authorities and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after PMCWA had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 1.
- The AMC invited stakeholder bodies to comment on PMCWA's accreditation submission. To assist this process, PMCWA placed its submission on its website.
- The team met on 28 April 2023 to consider PMCWA's submission and to plan the review.
- The team met with the Western Australia Chief Medical Officer virtually on 2 May 2023.
- A subset of the team undertook an online observation of the PMCWA's Accreditation and Standards Committee meeting on 3 May 2023.
- A subset of the AMC team undertook an online observation of the PMCWA's survey visit to the Fiona Stanley Hospital on 10 May 2023.
- The team observed PMCWA's survey visit to St John of God Midland Hospital on 17 May.
- The team met with PMCWA staff, PMCWA members and selected stakeholders from 19 – 19 May 2023.
- The AMC invited PMCWA to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgements in the draft report.
- The report and the comments of PMCWA were considered through the AMC's committee processes.

## **Appreciation**

The AMC thanks the Postgraduate Medical Council of Western Australia for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of PMCWA staff and members to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team in May 2023.

The groups met by the 2023 AMC team are listed at Appendix 2.

## **1 Governance of the Postgraduate Medical Council of Western Australia**

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**Domain:** The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

### **Attributes**

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

### **1.1 Postgraduate Medical Council of Western Australia**

The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.

The Postgraduate Medical Council of Western Australia (PMCWA) was founded in 2003 to facilitate the training and education, and accreditation and monitoring of prevocational training positions for PGY1 and PGY2 doctors. The PMCWA was formally established as a Ministerial Council in May 2015 and is accountable to the Minister for Health of the Western Australian Department of Health.

The *PMCWA Council Charter* outlines the functions of the PMCWA, which includes to:

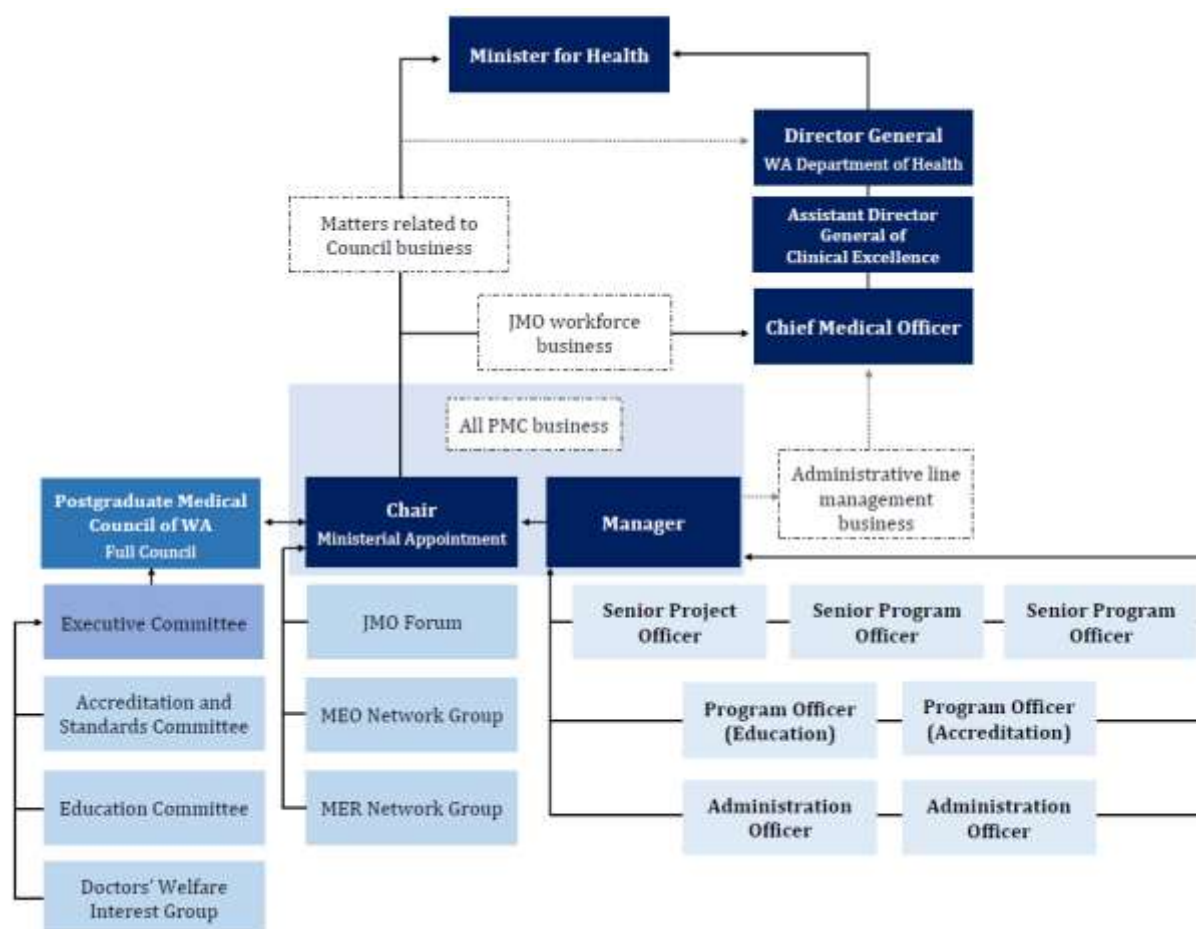
- provide a leadership role in prevocational medical education and training in WA
- provide expert advice to the Minister for Health and the WA Department of Health on prevocational medical education and training, accreditation of medical training positions and prevocational medical workforce issues
- identify, evaluate, monitor and promote medical education and training programs, and resources for prevocational medical officers and other non-vocational doctors in collaboration with relevant stakeholders
- 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
- notify the Medical Board of WA of the Council's recommendations for accredited postgraduate year 1 (PGY1) training positions
- 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
- establish, maintain and promote partnerships with the Medical Board of Australia, other state/territory Postgraduate Councils, the Confederation of Postgraduate Medical Education Councils, the Medical Training Review Panel, the Australian Medical Council, a WA Junior

Medical Officer (JMO) forum and other relevant organisations/associations/committees

- monitor and advise on the supply, distribution and demand for prevocational medical officers and other non-vocational doctors in WA
- promote, undertake and/or contribute to health services research regarding prevocational medical officers and other non-vocational doctors' education and training, accreditation and workforce issues
- advocate on behalf of prevocational trainees on matters that impact on health and welfare of prevocational medical officers, including matters relevant to safety and quality.

### Governance

The central governing body of the PMCWA is the Council. PMCWA's governance and reporting structure is illustrated below:



The *Council Charter* establishes a governance model based on a 14-member Council which is supported by seven subcommittees and network groups including: Executive Committee, Accreditation and Standards Committee, Education Committee, Junior Medical Officer Forum, Doctors' Welfare Interest Group, Medical Education Officer (MEO) Network, and Medical Education Registrar (MER) Network.

### Operational Management

The Council meets twice annually, and in 2022 it re-established the Executive Committee which meets every second month. The Executive Committee is accountable to the Council for policy and operational decisions, and is responsible for:

- acting on behalf of the Council when decisions are required for administration and operation of the Council



- reviewing complex issues for, and recommending proposals to, the Council or subcommittees.
- maintaining liaison between, and facilitating the work of, subcommittees to achieve a common approach to fulfil the Council's objectives
- developing reports for the Department and the Minister for Health on the progress and outcomes of the Committee and its subcommittees as required
- providing direction to the Executive Officer PMCWA on operational matters and monitoring PMCWA activity against PMCWA's strategic plan.

The Accreditation and Standards Committee holds the delegated responsibility and authority for the implementation of the PMCWA's accreditation of training positions, and the following functions:

- Providing leadership in establishing and monitoring requisite standards of supervision, support and infrastructure required for prevocational doctors in health service training posts.
- Appoint professionals to formally assess health sites and other training organisations employing prevocational doctors against requisite standards on a periodic, on-site basis for allocation or re-allocation of employed prevocational doctors.
- Accredite training positions and implement the accreditation program as required by the Medical Board of Australia, the Australian Medical Council and the WA Department of Health.

The Council is further supported by the:

- **Education Committee**, which is responsible for supporting education and training programs for prevocational and other non-vocational doctors through:
  - promoting the development and implementation of quality educational programs
  - advising the PMCWA Accreditation and Standards Committee on educational standards for hospitals to ensure appropriate infrastructure and support is in place for prevocational doctors
  - supporting the WA Postgraduate Medical Education Units
  - supporting the transition from medical student to intern through participation in the liaison between WA medical schools and the HSP Medical Education Units
  - supporting the development and implementation of national initiatives
  - overseeing the planning and decisions for the education symposium, Medical Careers Expo, Medical Education Research Bursaries, and Awards.
- **Junior Medical Officer Forum**, which provides a platform for WA prevocational trainees to meet with peers to discuss and action issues relevant to prevocational supervision, education and training, recruitment, accreditation, workforce, allocation and welfare.
- **Medical Education Officer Network Group**, the purpose of which is to provide a forum in which all Medical Education Officers are provided an opportunity to network and obtain support from the PMCWA to achieve their learning and training requirements to enable them to carry out their responsibilities to a high standard.
- **Doctors' Welfare Interest Group**, which is responsible for providing recommendations, advice, and sharing resources to WA Health Service Providers to create a workplace for medical practitioners that supports their wellbeing.

The PMCWA secretariat, situated within the WA Department of Health, provides the operational and administrative support to the Council and its subcommittees.

### Team findings

The PMCWA is a legally constituted body that has a Charter and sits under the auspices of a Ministerial Council, with the secretariat positioned within the Western Australian Department of Health. The Council, its governing bodies and secretariat are subject to a set of external standards and rules related to governance, operation and financial management. The functions of the Council were clearly outlined to the team and it was clear that the Authority's structure as a Ministerial

Council, supported by focused committees is a strength. The operational arrangement of the PMCWA secretariat which sits within the Department of Health was found to be appropriate and ensures that the PMCWA has clear operational and financial management requirements.

## 1.2 Priority to accreditation of intern training positions

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.

As outlined in the *PMCWA Council Charter*, and under attribute 1.1, the Council has a range of functions, including:

- undertaking 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
- advocating on behalf of prevocational trainees on matters that impact on health and welfare of prevocational medical officers, including matters relevant to safety and quality.

The PMCWA has a broad remit to provide leadership, advice and support across the prevocational education and training in the WA health system. Relating specifically to accreditation, the Accreditation and Standards Committee holds the core responsibility and function for the accreditation process, including the accreditation of training positions, providing leadership in establishing and monitoring requisite standards, and developing/undertaking the guidelines, process and research related to accreditation.

As outlined in the terms of reference, this Committee is responsible for advising the Council on issues affecting the accreditation of prevocational training positions, and any significant concerns about prevocational doctor wellbeing or unsuitable environments. The Committee also reports to the Executive Committee on these matters since the latter's reinstatement. The approach of having a dedicated Committee managing the accreditation portfolio is intended to signal the prioritisation of the accreditation function within the work of the PMCWA and ensure it has appropriate time and expertise.

As noted under attribute 1.1, the PMCWA has a Doctors' Welfare Interest Group, which is responsible for providing advice, recommendations and sharing resources to support doctor wellbeing and patient safety. The submission outlines an example of this group having provided formal correspondence to health services to address the lack of clear communication pathways for junior medical officers (JMO) to voice COVID-19-specific concerns during the pandemic.

As explored under attributes 4.7 and 4.8, the PMCWA has criterion related to patient safety and junior doctor wellbeing, which is explored in the course of accreditation surveys. In addition to applying the criteria in accreditation surveys, the PMCWA has various other mechanisms to identify and manage concerns related to patient safety and junior doctor wellbeing, including JMO phone calls, facilitating the development and visibility of an escalation pathway for JMOs, and developing close working relationships with the JMO Forum.

In the *PMCWA Strategic Plan 2023–2025*, the PMCWA has identified four strategic areas with associated priorities under each, including a direct focus on accreditation and improvements, as well as junior medical officer wellbeing and patient safety. The four strategic areas are:

- **Leadership and Governance:** encompassing the priorities of stakeholder leadership, JMO engagement and advocacy, advocacy for JMO wellbeing in the workplace, and leading WA's implementation of the National Framework for Prevocational Medical Training.
- **Career Transition and Support:** encompassing the priorities of providing career guidance for JMOs, and online medical career support.

- **Accreditation:** encompassing the priorities of implementing the National Framework for Prevocational Medical Training, reviewing and making accreditation process improvements, and accrediting sufficient junior doctor positions to meet contemporary community needs.
- **Education and supervision:** encompassing the priorities of supporting stakeholders' delivery of quality education and supervision that prioritises the safety of patients, wellbeing of learners and cultural awareness; and implementing the AMC National Framework for Prevocational Medical Training to improve the education, supervision and assessment of JMOs.

The strategic priorities are directly transferable to the PMCWA's *Operational Plan*, which outlines clear and measurable actions to achieve the priorities and strategic direction of the Authority.

### **Team findings**

The team found the PMCWA governance structure, including the subcommittees of the Council, supported the ability of the PMCWA to manage its remit. There was clear prioritisation of the accreditation of intern training programs, JMO wellbeing and patient safety within the documentation and in discussion with the Authority and its stakeholders. The strategic plan appropriately encompasses this priority, and in conjunction with the operational plan, sets out appropriate and definable actions to strengthen the accreditation process and further support JMO wellbeing and patient safety. This prioritisation was further evidenced through the review of meeting minutes and observation activities undertaken by the team.

The team heard that key stakeholders considered the PMCWA's approach to accreditation, JMO wellbeing, and patient safety to be a clear strength of the Authority.

At the time of the submission, the JMO escalation pathway was in draft. By the time the team spoke with stakeholders, it heard how the PMCWA had facilitated the development and communication of the escalation pathway, with flyers available in all health services, and with the process evidently working on the ground. Stakeholders were very supportive of the concept, and encouraged the PMCWA to continue this work, including considering opportunities for further communication/promotion. The team found that JMOs were clearly aware of the escalation pathway. The team encourages the PMCWA to consider developing an enduring communication plan or strategy for the escalation pathway and finding opportunities to advertise it further within the WA health system.

The team acknowledged the PMCWA's commitment to accreditation of intern training programs, which is evidenced through the size of the work program, and engagement of the Authority with health services for regular follow-up visits and monitoring.

### **1.3 Business stability**

The intern training accreditation authority is able to demonstrate business stability, including financial viability.

The PMCWA has been funded by the WA Department of Health since 2003. In October 2022, the WA Department of Health confirmed an ongoing commitment to fund the PMCWA, consistent with the maintenance of roles and responsibilities of the Council. The PMCWA receives further funding from the Australian Health Practitioner Regulation Agency (Ahpra) for the accreditation of intern training positions.

The PMCWA team has 7.0FTE, which is funded by the Department, with one position partially funded by Ahpra. The Department has invested in additional capacity to support the PMCWA's workload, including the approval of an addition 1.0FTE permanent Senior Program Officer, which was described by the Authority to be indicative of their positioning as a well-embedded service supporting the WA health system.

Responsibility for the effective use and management of the financial and physical resources is held by the PMCWA Unit Manager; however, broader financial requirements and auditing is conducted by the Department of Health, in accordance with their policies and processes.

### **Team findings**

Through the information provided in the submission and heard in discussion, the team considered that there were clear structures for operational management as a result of the PMCWA's administrative positioning within the WA Department of Health, which supports business stability and financial viability. The financial summaries received by the team clearly identified administrative, operational and strategic costs, which did not exceed the allocated income. The team noted that the PMCWA is a valued unit within the Department, which has continued funding and financial viability to perform its necessary functions, with no risk that funding would cease.

The team heard that the Department actively championed additional staff resources for the PMCWA in recognition of the increased workload of the PMCWA team, including to support preparation for the implementation of the National Framework for Prevocational Medical Training; the increase in commonwealth supported places in a WA Medical School; and the increasing placement of interns in the rural sector.

## **1.4 Financial arrangements**

The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.

The PMCWA's administrative positioning within the WA Department of Health results in accounting and financial reporting that aligns with Department policies and processes. While budget oversight is undertaken by the PMCWA Manager, the Department of Health conducts all financial auditing and governance.

### **Team findings**

The AMC team considers that PMCWA meets the relevant accounting standards given its compliance with the financial requirements of the WA Department of Health.

## **1.5 Selection of the governing body**

There is a transparent process for selection of the governing body.

The process for selection of the governing body is clearly outlined in the *PMCWA Council Charter*.

The Minister for Health is responsible for the approval of all members of the Council, and is informed of any changes to the constitution of membership by way of a formal Cabinet Submission. The Executive Officer, PMCWA, is responsible for preparing the Cabinet Submissions and to renew existing, or name new, members as required.

The Department of Health undertakes the recruitment and recommendation of appointment of the Chair, in line with the Public Sector Standards and the *WA Health System – Medical Practitioners – AMA Industrial Agreement*. The name of the recommended appointee is sent to the Minister for Health for endorsement, and is confirmed by Cabinet minute if approved. Following approval, the Chair is employed by the Department of Health for a period of five years. The term of office of the Chair is five consecutive years, however the Council may elect to reappoint the Chair for a longer period, to a maximum of 12 consecutive years.

The Chair of the Council appoints the Deputy Chair from the pool of current members. The term of office for this position is four consecutive years; however, the Council may elect to reappoint the Deputy for a longer period of time, to a maximum of 12 consecutive years. The positions of Chair and Deputy Chair may not be held by the Chair of the Accreditation Committee.

Appointment to the Council is via nomination for each of the representative stakeholder group positions. Nominations are sought from current Council members and, if appropriate, other key

stakeholders, and are considered by the Executive Committee. The Executive Committee forwards the most suitable applicant that has the appropriate balance of skills, qualifications and experience to represent the functions of the Council.

The *PMCWA Council Charter* was revised in 2023 to include new membership criteria. Previously, Council appointments had been made on the basis of representation from a range of stakeholder groups. The revisions included attributes such as an 'interest in', an 'understanding of', or 'has established links with', to allow for future members of the Council to meet the specific skill requirements, as opposed to needing to represent certain organisations.

Members hold office for a term of four consecutive years. If the Chair is satisfied that it is in the best interests of the PMCWA, a member may hold office for a period of more than four consecutive years, to a maximum of 12 consecutive years. Members who are absent for more than three consecutive meetings, without prior written permission of the Chair, will relinquish office.

The *PMCWA Council Charter* outlines at least six ex-officio members in attendance at Council meetings:

- Executive Officer, PMCWA
- Chair, PMCWA Accreditation and Standards Committee
- Chair, PMCWA Education Committee
- Representatives of Medical Students' Societies
- Chair, Doctors' Welfare Interest Group
- Secretariat, PMCWA.

The Council may also invite subject matter experts to attend a meeting, with these individuals having no entitlement to vote.

Membership of the Council is reviewed every four years. New appointments are made as required when any gaps in skill mix are identified.

#### *Executive Committee*

Membership of the Executive Committee is endorsed by the Chair of the PMCWA, and is structured so as to include the Chairs of the Council, Accreditation and Standards, Education, and Doctors' Welfare Interest Group committees; and the Executive Officer, PMCWA.

The *Accreditation and Standards Committee Terms of Reference* outline the selection process for membership. Members are formally invited by the Chair, PMCWA Accreditation and Standards Committee via letter outlining the role of the member and providing a copy of the Terms of Reference. Members are then endorsed by the Chair of the PMCWA and the Committee. Member organisations or stakeholder groups may also appoint multiple representatives to the Committee, to be endorsed by the Chair of the PMCWA, and the Committee.

#### **Team findings**

The team found the processes for selection of the governing body, as documented by the *PMCWA Council Charter*, to be transparent, resulting in a representative-based membership model. The appointment process involves nomination and approval by the Minister for Health. Recruitment and recommendation of appointment for the Chair is undertaken by the Department of Health, endorsed by the Minister, and includes employment by the Department of Health for the duration of their term.

The *Council Charter* was also found to clearly outline the membership categories for the Council, in addition to the duration of appointment and maximum possible term lengths, including an ongoing cycle of membership review.

The team heard that the revisions made to the *Council Charter* concerning membership resulted in ensuring that each new member has an interest in, and understanding of, the prevocational space and related problems, to ensure that the appointed individual appropriately meets the requirements of the Council.

The team noted that the *Council Charter* outlines the role of Council members in providing nominations for vacant positions which are then considered by the Executive Committee, which subsequently puts forward the most suitable applicant to be approved by the Minister. This role of the Executive Committee is not reflected in its Terms of Reference, which the PMCWA may wish to consider including.

## 1.6 Stakeholder input to governance

The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

The PMCWA governance arrangements allow for the input of a broad range of representative stakeholders across the Council and its subcommittees.

The *PMCWA Council Charter* outlines the following membership of the **Council**:

- Chief Medical Officer, WA Department of Health
- a member with knowledge and experience in rural health and rural medical workforce issues and an understanding of Aboriginal and Torres Strait Islander health
- a member with an understanding of surgical training and its link with prevocational training
- a member with an understanding of physician training and its link with prevocational training
- a member with an understanding of general practice training and its link with prevocational training
- a member with experience in medical administration and an understanding of prevocational medical trainees in public health service delivery
- a member with an understanding of the role of prevocational medical trainees within the context of a privately run health service
- a representative of Medical School Deans
- a representative of the Registration Committee, Western Australian State Committee of the Medical Board of Australia
- a representative of Director of Postgraduate Medical Education
- a representative of AMA (WA) Doctors in Training Committee
- a representative of PMCWA JMO Forum
- a representative of the community
- a representative of PMCWA Accreditation Surveyors.

The Council also includes ex-officio members, as outlined under attribute 1.5.

For each of the subcommittees of the Council, their separate Terms of Reference documents outline the required membership categories.

The **PMCWA Accreditation and Standards Committee** membership includes:

- Chair, PMCWA
- Chair, Accreditation and Standards Committee
- Former Chair, Accreditation and Standards Committee
- representatives of accreditation surveyors (1–2 members)
- a representative from each Primary Employing Health Service (Director of Clinical Training or Director of Postgraduate Medical Education):
  - Fiona Stanley Hospital
  - Joondalup Health Service
  - Royal Perth Hospital
  - Sir Charles Gairdner Hospital
  - St John of God Midland
  - WA Country Health Services.
- a member with an understanding of general practice training and its link with prevocational training

- a representative of Medical Education Officer Forum
- representatives of JMO Forum
  - JMO Co-chairs
  - JMO Deputy Chair
  - JMO accreditation representative.
- a representative of Director of Medical/Clinical Services
- a representative of Australian Medical Association (WA) Doctors in Training Practice Group
- Manager, PMCWA (ex-officio)
- Program Officer (Accreditation, PMCWA (ex-officio)).

The **PMCWA Education Committee** membership includes:

- Chair, Education Committee
- two to three representatives of each:
  - Directors of Postgraduate Medical Education
  - Directors of Clinical Training
  - Medical Education Registrars
  - Co-chairs of the JMO Forum
  - JMO Forum, Education Committee representatives
  - Medical Education Officers.
- Doctors' Welfare Interest Group
- Australia Medical Association (WA) Doctors in Training
- WA Country Health Service
- PMCWA Manager
- Chair, PMCWA (ex-officio)
- Education Program Officer, PMCWA (ex-officio).

The **PMCWA Junior Medical Officer Forum** membership includes:

- Co-chairs
- Deputy Chair
- prevocational representatives, including Resident Medical Officer Society representatives from:
  - Fiona Stanley Hospital
  - Joondalup Health Service
  - Kind Edward Memorial Hospital
  - Perth Children's Hospital
  - Royal Perth Hospital
  - Sir Charles Gairdner Hospital
  - St John of God Midland
  - WA Country Health Services.
- forum members
- nominated medical student representatives from the University of Western Australia, University of Notre Dame Australia – Fremantle and Curtin Medical School.

The **Doctors' Welfare Interest Group** membership includes:

- Chair
- medical executive and educational representatives from WA teaching hospitals/health service providers (maximum of two per health service), including:
  - Fiona Stanley Hospital
  - Kind Edward Memorial Hospital
  - Perth Children's Hospital
  - Royal Perth Hospital
  - Sir Charles Gairdner Hospital
  - St John of God Midland

- WA Country Health Services.
- Representative, PMCWA
- Representative, Office of the Chief Medical Officer
- Representative, Australian Medical Association (WA) Doctors in Training Committee
- Representative, PMCWA, JMO Forum
- Representative of Western Australia General Practice Education and Training
- Representative, Doctors Health Advisory Service WA
- Secretariat.

The **Medical Education Officer Network Group WA** comprises Medical Education Officer members from all WA public and private hospitals, and the Senior Program Officer and Program Officer, PMCWA.

Opportunities for further stakeholder engagement in the work of the PMCWA also arise through the PMCWA's liaison with internal and external groups, including:

- Chief Medical Officer
- Chief Medical Officer's monthly Executive Committee
- Deans, Office of the Chief Medical Officer and Director of Prevocational Medical Education meetings
- Medical Board (WA) Registration Committee
- Chief Executives (Health Services).

The *Council Charter* and the subcommittees' terms of references also permit proxies (as authorised) or allow the invitation of subject matter experts or other stakeholder representatives to meetings, as required, to assist in carrying out the functions of the relevant body.

The PMCWA engaged stakeholders in the development of the 2023–2025 Strategic Plan, involving a half-day strategic planning meeting in 2022.

### **Team findings**

The team found that the PMCWA governance structure has been designed to ensure the input of a wide range of key stakeholders within the WA health system across the Council and subcommittees, including junior medical officers, medical schools, health services (DCTs, DPMEs, MEOs), community, the Department of Health and surveyors. The team considered the broad membership and close relationships within the WA prevocational medical education and training space to be a strength of the system, supporting strong and engaged stakeholder input in the work of the PMCWA.

The team noted that the model in place supports direct communication with key stakeholders, and allows their input in the development of prevocational education and training, and accreditation policies, processes and decision making. The team observed active participation of all members in its observation of the Accreditation Committee meeting, and noted the value placed on the perspectives of all members.

The team additionally had the opportunity to observe a 'DODs' meeting with the Deans of Medical Schools, the Office of the Chief Medical Officer and the Directors of Medical Education, which provides opportunities to regularly engage with WA medical schools, health services and broader Department of Health Units. These began during COVID-19 and continue monthly as well-attended meetings where strategy and operational issues are shared and discussed.

The team noted the recent changes to the *PMCWA Council Charter* and that historically, the Council's membership was representative with nominations coming from representative organisations. Revisions have moved to include some ex-officio members, but also adding skill- or experience-based categories. The current membership of the Council and subcommittees was found to align with the documented membership requirements.



The Junior Medical Officer Forum and Doctors' Welfare Interest Group ensure doctor wellbeing and the junior medical officer perspective are at the core of the organisational structure, with stakeholder groups uniformly reporting that their views were both sought and respected by the governance bodies and the PMCWA secretariat.

## 2 Independence

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**Domain:** The intern training accreditation authority carries out independently the accreditation of intern training programs.

### Attributes

- 2.1 The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.
- 2.2 The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

### 2.1 Independence of accreditation decision making

The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.

Despite its administrative positioning within the WA Department of Health, the PMCWA, as a Ministerial Council, operates independently, with its own strategic plan, budget and reporting lines through the Minister for Health.

Decisions made about the accreditation of programs sits with the Accreditation and Standards Committee, as per the terms of reference. In 2022, the PMCWA appointed a new Chair to the Committee to support greater independence between the work of the PMCWA and the Committee and resulting in different individuals holding chairing positions within the Authority.

The terms of reference of the Committee require the Chair to be independent regarding discussions of the Committee. The PMCWA considered the Chair's recent employment history and has managed actual or potential bias or conflict of interest by having any health service items related to the Chair's experience led by the Deputy Chair, or the Chair, PMCWA.

As noted under attribute 1.6, the Accreditation and Standards Committee is constituted of broad stakeholder representation, a model which is designed to support the mitigation of potential undue influence by any individual or stakeholder group in decisions about accreditation programs.

The Committee's decision making is generally by consensus; however, in some instances, a decision that has the support of the majority vote by full members at a meeting which meets quorum can form the decision. In the instance where a vote is split equally between members, the Chair has a second or casting vote.

The Committee is responsible for developing and implementing accreditation guidelines in Western Australia, and for overseeing the development and implementation of the accreditation process, including the recruitment, training and management of accreditation surveyors.

The Committee provides a report of progress, concerns and projects to each Executive Committee and Council meeting.

The Authority states that survey teams of two to three surveyors are established to ensure procedural fairness in accreditation work. There are different levels of surveyors, based on experience requirements. Surveyor reports are drafted after assessing multi-source information, with the final decisions being made by the Accreditation and Standards Committee. Health services have an opportunity to fact-check the information included in the report before a decision is made. The PMCWA reports that the defined and staged approach enables the Committee to make a fair and balanced decision.

The Authority acknowledged that the smaller cohort size of junior doctors in Western Australia can result in confidentiality challenges. Junior Medical Officers raised concerns with the PMCWA about the potential of being identified and the subsequent impact. In 2022, the Committee agreed that Junior Medical Officer names would be removed from the final draft reports.

The PMCWA is in the process of developing new surveyor and refresher resources, with the goal of reducing the risk of process and outcome inconsistencies.

### **Team findings**

The team found that the PMCWA is well respected as an independent, Ministerial Council. Notably, the team heard that the respect for the PMCWA and leadership team and perceived independence of its decision making has been maintained through various leadership transitions. There appeared to be no evidence of undue influence from any areas or from individual stakeholders/groups.

The Council and the Accreditation and Standards Committee reported awareness that they carry the authority of the Minister when it comes to decision making and, as a result, can make challenging decisions (for example, withdrawing accreditation) if it is in the best interest of junior doctor wellbeing and patient safety. There were clear examples of this in practice.

The team noted that the structure of the Council and its core committees, notably the Accreditation and Standards Committee, as documented in the *PMCWA Council Charter* and terms of reference, is designed to achieve a diversity of perspectives, which was considered to further support the independence of decisions made regarding accreditation. The team heard all members felt valued when contributing to discussion and the decision-making process.

Stakeholders consistently fed back to the team that the decision making was demonstrated to be ethical and independent, in addition to being balanced and measured.

The PMCWA is well supported by a very experienced group of senior clinicians who give generously of their time in Committee roles and as survey team leads. The PMCWA has implemented strategies to manage conflicts of interest and prevent undue influence in the decisions of the Committee when roles overlap. There has also been clear planned inclusion of newer members on the Accreditation and Standards Committee and careful intentional development of survey chairs.

## **2.2 Managing conflicts of interest**

The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

The PMCWA uses the WA Department of Health's *Managing Conflicts of Interest Policy*, which is applied to all individuals who engage in the work of the PMCWA before they commence in the appointed role, and on an annual basis. All committee members and surveyors are required to complete the *PMCWA Confidentiality and Conflict of Interest* form, which was tailored to address specific circumstances that are likely to occur during the business of the PMCWA, with a particular focus on accreditation.

Individuals are asked to declare:

- cases of real or perceived conflicts of interest that may impact on decisions, discussions or outcomes.
- that they will not participate in reviews or discussions on matters pertaining to an organisation in which they have a personal interest or which there could be a personal gain or loss (financial or other) by either remaining silent or leaving the room as requested by the Chair or Deputy Chair.
- that they will provide sufficient information to enable an adequately informed decision to be made about resolving or managing any conflict of interest.

The PMCWA secretariat manages a conflicts of interest register, and the disclosure of an actual, apparent or potential conflict of interest is an ongoing obligation for all who engage in the work of the PMCWA. Identified conflicts of interest are a standing agenda item, and there is a call for members to declare additional conflicts at the start of each meeting to ensure appropriate management.

Declared conflicts and their agreed management are required to be recorded in meeting minutes.

All Council members are additionally required to undertake a module of ethical and accountable decision making, which is readily available to members employed by the Department of Health. The PMCWA has negotiated access for members who are not employed by the Department through the Department's learning management system.

### **Team findings**

The PMCWA has documented processes for the identification and management of conflicts of interest regarding the work of the Authority, including within the work of the Council as the governing body. The team heard a high level of awareness of the need for strong management of conflicts of interest and this was evidenced in the development of a guideline with specific examples to assist in applying the departmental policy to the PMCWA's accreditation work.

### 3 Operational management

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**Domain:** The intern training accreditation authority effectively manages its resources to perform functions associated with accreditation of intern programs.

#### Attributes

- 3.1 The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

#### 3.1 Resources to achieve accreditation objectives

The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.

The responsibility for human and financial resource management falls under the remit of the Manager of the PMCWA. This includes managing the effective use of human, financial and physical resources such as the annual budget, development of expenditure plans, and submissions for funding for further projects.

The PMCWA secretariat is provided with annual WA Department of Health budget forecasts and the Manager undertakes all financial reporting to the Department in accordance with departmental processes. The PMCWA budget includes resources for travel-related expenses to meet accreditation requirements; provisions for sessional payments for surveyors, as required; and stakeholder events and workshops.

The staffing profile has been reviewed and increased to support the work of the PMCWA secretariat, with the addition of a 1.0FTE position to assist with the planning and implementation of the National Framework for Prevocational Medical Training. The staffing profile consists of:

- Manager
- three Senior Project Officers
- two Program Officers
- two Administration Officers.

The Authority's positioning within the Department contributes to close connections with the Medical Workforce Unit and the Chief Medical Officer. This allows strategic discussion around the interplay between medical workforce and education. The PMCWA additionally makes use of connections with the Department of Health's Ministerial Unit, the Chief's Forum, the communications team and the intergovernmental relations team.

The PMCWA supports the accreditation workload through engaging surveyors in accreditation visits and activities. The PMCWA has a pool of 12 active lead surveyors, over 30 support surveyors and over 80 trainee surveyors. The PMCWA acknowledged that surveyor availability has posed a challenge at times, and recognition of the risk this posed for the work program has resulted in a review and amendment to the surveyor transition process (for example from support to lead surveyor) in 2022.

#### Team findings

The team found the PMCWA secretariat team to be a small, committed and professional team. There was clear evidence of cohesion within the PMCWA team, with contingency to support the workload of the team and individual members when required. The team heard widely regarded

respect for the PMCWA team from key stakeholders, who reported consistently positive and smooth interactions.

The team found the PMCWA to be aware of the importance of building team capabilities and succession planning, which was heard to be an important focus for the management of the PMCWA secretariat. The team noted that the PMCWA has acted on learnings from the COVID-19 pandemic to ensure that secretariat staff are across the mechanics of the accreditation program, in particular, and that senior team members maintain awareness of strategic issues related to accreditation. The team also heard that clear succession plans are in place to support future stability and mitigate single-person risk and corporate knowledge loss within the PMCWA; however, it was heard that in the recruitment process for all PMCWA Secretariat staff members, including the Manager, PMCWA goes through the public service process which could present a risk given timelines for recruitment.

Furthermore, the team heard from a number of stakeholders that the high-performing PMCWA secretariat is perceived to be operating at full capacity. Team members have individual portfolios of work including accreditation, education, the intern portfolio, Australian and New Zealand Prevocational Medical Education Forum preparation and preparing for the National Framework for Prevocational Medical Training. It was noted that the PMCWA team has been managing individual projects at low operational costs, and halting project ideas and innovation until the end of the financial year, when it will be clearer whether financial resources may be available.

The team heard from health service and other stakeholders that there is a desire for additional resources to support the stability of permanent administrative positions and the expansive workload of the small team, to achieve projects and strategic goals; and particularly considering the rapid portfolio expansion to address the implementation of the National Framework; the increase in commonwealth supported places in a WA medical school; and the increasing placement of interns into the rural sector. While the AMC team heard that PMCWA team members assist where possible, there is one core accreditation staff member, with administrative support rotating through the role. Acknowledging the accreditation workload, in addition to the imminent workload pressures, the team considered it important to consider resourcing to support the continued effective functioning the accreditation program, in addition to staff wellbeing.

### **3.2 Monitoring and improving accreditation processes**

There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.

The PMCWA reported systems for the monitoring, evaluation and improvement of accreditation processes, in addition to identifying and managing risk. These mechanisms are designed to support the improvement of the accreditation process, and the work of the PMCWA.

Such mechanisms include:

- evaluation of the accreditation process, seeking feedback from the health service and accreditation surveyors
- peer surveyor evaluations
- maintaining a risk register
- communication lines via PMCWA subcommittees and network groups
- annual term allocation checks
- an annual education symposium
- surveyor workshops.

Since 2020, the PMCWA has enacted several changes to improve existing monitoring processes, including:

- changing the requirements for progression from support to lead surveyor, with the goal to reduce the burden placed on the small pool of lead surveyors.

- updating the PMCWA accreditation survey timetable template to include additional instructions to assist health services when planning surveys.
- updating the PMCWA surveyor handbook to provide more information on the PMCWA's accreditation processes to new surveyors. This also includes information on the provision of support letters from the PMCWA for participation in surveys, and clear flowcharts providing an overview of the accreditation process.
- updating the PMCWA website to be more user-friendly and interactive, with a review table listing all accredited junior doctor positions in WA.
- being in the process of finalising a guideline for Junior Medical Officers detailing clear escalation pathways for concerns or issues that are identified at the unit, department or health service level. The guideline will provide an avenue for investigating solutions within the local medical education unit, through the PMCWA Junior Medical Officer Forum, and through the PMCWA Accreditation and Standards Committee, as required.

### *Risk Identification and management*

The PMCWA's risk management process is aligned with that of the Department of Health's Risk Management Framework, consisting of a *Risk Management Policy*, *Risk Management Framework* and *Risk Assessment Tables*. In 2023, the PMCWA developed a *Risk Management Guidelines* document which articulates how the PMCWA will operationalise this framework to ensure that all risks present in programs, projects and the work of PMCWA are effectively understood and managed.

The *Risk Management Guidelines* apply to all PMCWA activities undertaken by the secretariat, committees and network groups and explains the Department's risk management process, which requires the PMCWA to undertake the following steps:

1. **Establish the context:** set the scope, context and criteria of the risk assessment.
2. **Assess the risk:** identify, analyse and evaluate the risk and assign a risk rating.
3. **Treat the risk:** determine what risk treatment is required to manage the risk.
4. **Monitor and review:** review all aspects of the risk.
5. **Communication and consultation:** ensure appropriate stakeholders are involved in the process.

To comply with Departmental processes, the document outlines how the PMCWA will integrate risk management through:

- risk identification:
  - at the commencement of new projects, tasks or work, with the project/program lead taking responsibility and PMCWA Manager holding accountability.
  - within the first monthly meeting of the PMCWA's weekly team meetings, facilitated by the Senior Project officer.
  - during all operational or strategic planning sessions.
- risk documentation, by either the:
  - Department of Health's Enterprise Risk Management System (for strategic risks, Department of Health Operational Risks or Divisional Operational risks); or
  - PMCWA's risk register (for program, project or work, health and safety risks).

The PMCWA *Risk Register 2022–2023* incorporates the Department of Health's risk management process steps and rating scale to provide a detailed description, management plan, action taken and outcome of risks.

PESTE (Political, Economic, Social, Technological and Environmental) and SOAR (Strengths, Opportunities, Aspirations and Results) analyses were workshopped during the PMCWA strategic planning workshop with stakeholders, allowing for the identification of the following risks:

- state budget allocation impacting both the Department of Health and the health services as employers of junior doctors, their supervisors and support teams (e.g., the Medical Education Units)
- workforce staffing shortages and use of locums in supervisory roles
- increasing numbers of medical school graduates requiring increasing numbers of accredited intern places.

The PMCWA is engaging the risk management process to work through treatment action plans for the identified risks, including:

- sharing resources across jurisdictions to assist with the rollout of the Framework
- partnering with the Chief Medical Officer and the Medical Workforce Unit to address the increased focus on locums
- increased sharing of resources across health sites via the Medical Education Officer SharePoint page, which is currently focusing on orientation resources with plans to share supervisor training resources.

### **Team findings**

The team noted that the PMCWA is required to follow the WA Department of Health's risk management process, which provides a structured approach to identifying and managing risk in the work of the PMCWA.

The team heard that the operational risk register is used by PMCWA staff and reviewed on a fortnightly basis. All staff members were aware of the risk register and demonstrated maturity in their understandings of the process and importance of identifying and managing risk. The team found this active monitoring of risk within the secretariat to be a positive achievement.

It was not as clear to the team how risk was escalated within the governance structure, including the level of oversight of the Executive Committee and Council. The team heard that the risk register is a standing agenda item at the Council and Committee meetings. Not all risks are in the copy that progresses through the governance structure and while this is appropriate, there did not appear to be guidelines for determining the nature and level of risks that are escalated.

There is an opportunity to develop guidelines for escalation to strengthen the visibility of risk and active risk management, particularly in the context of the implementation of the National Framework for Prevocational Medical Training. This may better support the PMCWA to manage unexpected challenges within its allocated staffing and financial resources.

### **3.3 Management of records and information**

There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

The PMCWA's placement within the Department of Health allows for use of departmental resources and existing enterprise solutions to ensure that there is a robust system for records management. The PMCWA is compliant with the Department of Health's *Information Management Policy Framework*.

Specifically relating to accreditation, the PMCWA follows the *Information Retention and Disposal Policy* and the *Information Storage Policy* to support the effective management of information and contemporaneous records. Circulation of reports and accreditation items to Committees or survey team members is undertaken via SharePoint or MyFT, a secure Department of Health sharing portal. External access to shared documents is removed within a few weeks of the completion of a meeting or survey.

As noted under attribute 2.2, all individuals engaged in the work of the PMCWA are required to sign a *Confidentiality and Conflict of Interest* form prior to commencing in an appointed role. This document outlines the requirement to keep confidential all information gained as a result of the



individual's work with the PMCWA; to not disclose any confidential information directly or indirectly without prior authorisation from the PMCWA; and to not discuss the decisions, recommendations or behaviours of staff outside of the PMCWA.

In 2021, the PMCWA endorsed a *Guidelines for the Development of Important Documents*, which outlines the preferred process for the development, implementation and evaluation of important documents, including guidelines, procedures and templates. This also includes the process for developing, reviewing and recording the version control information in a central spreadsheet to ensure the regular review of documents.

In response to a confidentiality issue raised at a surveyors' workshop, the PMCWA implemented the following strategies to strengthen confidentiality in accreditation visits and reports:

- removing the names of junior medical officers from survey reports prior to health service circulation
- during introductions to interviewees during site visits, the lead surveyor informs them that feedback collated during the interview is treated confidentially, and that the assessment also takes into account feedback from other staff members and evidence provided by the health services
- an information flyer is provided to the health service undergoing accreditation with information about accreditation and maintaining confidentiality.

### **Team findings**

The PMCWA has robust systems for the effective management of information and contemporaneous records, with secure platforms and detailed policies which align with Department of Health requirements.

The team heard from stakeholders that the record systems for the management and filing of documentation was exemplary, supporting the ease of access to information required to complete work with the PMCWA.

The survey team noted the recent innovation of an important document register, which was identified to allow for a risk-based approach to the review of important documents. According to the register, many of these documents were last reviewed a number of years ago, with plans for a full review of all documents to occur over 2023 to 2025, in preparation for the implementation of the National Framework for Prevocational Medical Training. The team noted that a number of the dates provided in the register do not align with the version dates in the evidence provided by the PMCWA. The team acknowledges the significant resource challenges and recommends an ongoing risk-based approach to the review and upkeep of these documents.

## 4 Processes for accreditation of intern training programs

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**Domain:** The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

### Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints process.
- 4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.
- 4.9 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.10 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.11 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.

4.12 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

#### 4.1 Documentation on the accreditation requirements and procedures

The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.

The PMCWA website contains information about accreditation requirements and procedures, which is publicly available. The website contains:

- the *PMCWA Guide to Accreditation Standards*
- information for health services, including accreditation of new sites, reaccreditation of accredited health sites and the process for notification of significant changes
- information for surveyors, including the *Accreditation and Standards Guidelines* and *Surveyor Handbook*
- information on the Accreditation and Standards Committee, including its authority and membership
- a review table showing the current accreditation status of every Western Australian hospital and health service, which is regularly updated following Accreditation and Standards Committee meetings.

In 2022, the PMCWA updated the website to be more interactive and user-friendly, in addition to adding a dedicated page with resources and information related to the National Framework for Prevocational Medical Framework.

The PMCWA also publishes two newsletters on its website, which provide an opportunity for sharing of information relating to accreditation updates and requirements, the work of the PMCWA, and updates on the National Framework for Prevocational Medical Training.

#### Team findings

The PMCWA has a comprehensive and clear website, which provides a user-friendly approach for stakeholders to engage with information relating to accreditation, including requirements, procedures and status. The website was heard to be regularly updated to maintain the currency of information.

The team heard from stakeholders that there is frequent engagement with the website, particularly with the accreditation review table, and accreditation resources which were considered helpful to reduce any confusion around the process.

#### 4.2 Selection, appointment, training and performance review of accreditation visitors

The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.

The *PMCWA Accreditation Standards Guideline* outlines the process for selecting and training survey team members.

##### *Survey team composition and selection*

The *Accreditation Survey Team Selection Criteria* sets out criteria to ensure that accreditation survey team members are appropriately qualified, experienced and impartial, while aiming to maintain skilled and unbiased survey teams.

This criteria sets out three levels of surveyors:

- **lead surveyor:** an appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a lead surveyor. Except where an exception

has been made by the Committee to reflect extensive experience, a lead surveyor should have completed a minimum of four surveys as a support surveyor, including Primary Employing Health Service and placement health service surveys in both rural and metropolitan settings, and including a health service-wide accreditation.

- **support surveyor:** an individual who has been trained to perform an accreditation survey
- **trainee surveyor:** an individual who is being assessed to become a surveyor. A trainee must complete at least two surveys in varying settings before they can be considered to progress to a support status.

A survey team will generally comprise at least two members, the lead surveyor and a support surveyor, with the option for one or two trainee surveyors to also attend, as approved by the lead surveyor and the Accreditation and Standards Committee.

A PMCWA surveyor must sit within one of the following categories:

- a medical practitioner in active practice who has an interest and expertise in medical education and training. Persons who have been surveyors may continue to participate in teams after cessation of practice in medicine.
- health professionals, other than a medical practitioner, who have an interest and expertise in medical education
- professionals, other than medical or health professionals, who have a close and continuous contact with clinical practice and clinical education in the health system; typically Medical Education Officers.

The *PMCWA Surveyors' Module – Before becoming a surveyor* describes that applications to become a surveyor are via an expression of interest process to the PMCWA, which includes reading and submitting the *PMCWA Confidentiality and Conflict of Interest Agreement* form.

The PMCWA maintains a log of surveyors and selects surveyors for team membership through the following process:

- Secretariat identifies and removes surveyors who have known actual or potential conflict of interest with the health site undergoing the accreditation survey.
- Accreditation requests are emailed to the relevant surveyors to check surveyor interest/availability:
  - a. lead surveyor requests are sent first
  - b. support and trainee requests are sent after a lead surveyor is confirmed.
- As surveyor availability is unpredictable and at times challenging, it is usually a 'first come, first served' basis to ensure accreditation surveys can be confirmed and organised in a timely manner.
- Should there be more than one surveyor available/interested, PMCWA take the following information into account:
  - a. recentness of last survey participated/opportunity to join a survey (e.g., has the surveyor attended several surveys in the last few months or has the surveyor previously volunteered for recent surveys but have not had a chance to join one?)
  - b. likelihood of progressing to support or lead surveyor status (e.g., does the surveyor need to participate in one more survey to be considered eligible for assessment for surveyor progress?)
  - c. survey team balance in terms of experience and skills (e.g., would all the surveyors come from the same hospital or work in the same team/role?).

### *Surveyor training*

The *PMCWA Accreditation Standards Guideline* further outlines the process for credentialing of surveyors, which is defined as:

The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners and Department of Health,

WA employees. Performed for the purpose of reviewing surveyor competency, performance and professional suitability to undertake accreditation surveys to ensure safe and high quality supervision, education and training within health services.

The principles of credentialing include:

1. Surveyor status is conferred by the Accreditation and Standards Committee. Lead surveyor assessments and other information received will inform the decision.
2. All surveyors will be assessed by an approved lead surveyor as defined by the PMCWA Accreditation and Standards Committee.
3. The following information should be considered as part of initial credentialing: verification of the candidate's education and clinical qualifications; scope and level of surveyor duties specific to the candidate; review of the considered opinion of at least two referees who are able to advise on the candidate's skills, competency and suitability for the scope of accreditation activity.
4. All surveyors are expected to be able to utilise their knowledge of the PMCWA Accreditation Standards and extensive workplace knowledge to review and assess the performance of organisations without bias.
5. Surveyors are expected to be able to provide feedback and advice to organisations on how to improve the education and training for prevocational doctors.
6. Trainee surveyors will be registered by the PMCWA Secretariat which will coordinate assessment by lead surveyors, inform and forward reviews of the trainee and support surveyors to the Committee.
7. Trainee surveyors will observe a minimum of two surveys prior to being assessed except where an exception is made by the Committee to reflect a surveyor's extensive experience.
8. Lead surveyors are responsible for the leadership and direction of each survey, assessment of trainee surveyor and the finalisation of each report.
9. Lead surveyors are responsible for offering advice to the Accreditation and Standards Committee regarding the accreditation status of a health service or term.
10. Lead surveyors must complete a minimum of two term surveys per annum to maintain their lead status. Surveyors previously credentialed as lead surveyors who do not meet this requirement return to support surveyor status and must seek approval from the Accreditation and Standards Committee to be re-credentialed as a lead surveyor in addition to meeting the surveys per annum requirement.
11. Appointment of a lead surveyor should have regard to the professional seniority of the candidate. Considerations should include the effects of accreditation activities and outcomes on personal career progression. For such reasons it is preferable if an appointed lead surveyor is a consultant/college fellow, or alternatively a senior registrar/hospitalist with substantial experience i.e., minimum 5 years.
12. Re-credentialing of surveyor credentials must occur to ensure currency and relevance to accreditation activities of PMCWA.
13. A surveyor's credentials should be renewed every 5 years or as determined by the Accreditation and Standards Committee, PMCWA.
14. The following information/evidence should be considered prior to making a decision on whether or not a surveyor will be re-credentialed: review evidence of the surveyor's compliance with surveyor requirements; education, training and experience gained since the last review; performance reports by and feedback from lead surveyors and/or peers; other relevant information such as complaints and/or surveyed sites feedback.
15. Surveyors of interstate Postgraduate Medical Councils (PMCs) or equivalent will be credentialed as independent lead surveyors. Such persons should be recognised as senior and experienced surveyors within their own jurisdictions.

The Accreditation and Standards Committee has responsibility for ensuring suitably qualified individuals are granted each level of surveyor status; reviewing and verifying qualifications, skills, experience and competencies; and defining the scope of a surveyor's role.

The PMCWA provided details of a development plan for surveyor support resources, with the aim of ensuring that all surveyors are equipped with the required knowledge and skills to participate in the accreditation process. The plan includes a series of modules and resources to be developed, including:

- recruitment of surveyors: to encourage stakeholders to register as a surveyor
- foundation information: to provide new trainee surveyors with an overview of the role of a surveyor and the purpose, governance and steps of the accreditation process
- preparation for survey: to prepare new trainees for their first survey
- post-survey steps: to prepare new trainees for their responsibilities following a survey
- transition to support surveyor: to inform trainees of the additional responsibilities of being a support surveyor
- transition to lead surveyor: to inform support surveyors of the additional responsibilities of being a lead surveyor
- surveyor handbook: to provide the full suite of information, processes, policies and forms used in the PMCWA accreditation process.

Surveyors also receive a *Surveyor's module: Factors to consider as a surveyor*, which provides information on interview preparation and process (interview techniques, confidentiality, questions, interview responsibilities); and the post-interview process and reporting (debriefing session, workload delegation, process and templates for reporting, and following up on conditions for accreditation).

### **Team findings**

The team found that the PMCWA has a strong apprenticeship model for its surveyors, which was reflected both in the documentation provided and in observation and discussion.

Surveyors are only progressed from trainee to support, and again from support to lead surveyor, when the lead surveyor provides a formal recommendation to the Accreditation and Standards Committee.

The documentation did not explain the process for evaluation and performance review of team members; however, the team observed that team members, notably trainees, received real-time feedback at the conclusion of a survey by the lead surveyor. The team also heard that the PMCWA has recently begun to routinely provide the outcome of the accreditation back to the lead surveyor as a mechanism of providing feedback. This initiative was supported by surveyors as a way of promoting further learning and a rationale to support improvement in future surveys and report-writing experiences. The team heard that more formal feedback in the context of progression to a higher surveyor status would be welcomed.

The training day held for surveyors in 2022 was valued by those the team spoke to. The team heard that surveyors felt prepared for accreditation surveys and new surveyors felt comfortable to engage in the questioning and in discussion with the more experienced surveyors if they had different points of view.

The team noted that although there was a clear shared understanding of processes to support surveyors, the current documentation *PMCWA Accreditation Standards Guideline* could benefit from updating to reflect the processes as they have been refined over time. Recognising resource constraints within the PMCWA secretariat, there will be a need to update resources for surveyors to implement the revised National Framework in 2024 and this work would be best undertaken together.

### 4.3 Managing conflicts of interest in the work of accreditation visitors and committees

The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.

As detailed under attribute 2.2, the PMCWA follows the WA Department of Health's *Managing Conflicts of Interest Policy* and *Managing Conflicts of Interest Information*. The PMCWA also has a *Conflict of Interest Processing Guidelines* document which seeks to ensure that the PMCWA identifies and manages all conflicts of interest, whether actual, perceived, or with potential to exist, which is applicable to all committees, network or working groups and surveyors.

Committee members and surveyors are required to sign a *Confidentiality and Conflict of Interest Agreement* prior to commencing their role with the PMCWA, and on an annual basis. This form also indicates that all Chairs of PMCWA committees are aware of options for managing identified conflict of interests. Examples of conflicts include:

- current or previous employment at a primary/placement health service/hospital group
- future employment at the primary/placement health service/hospital group
- current application for employment at the organisation
- close personal or professional relationships with an individual(s) at the organisation
- professional or financial involvement in the hospital or health service.

Declarations of interest are a standing agenda item at all committee meetings. Management of conflicts of interest in the work of survey teams and committees are undertaken by the PMCWA secretariat.

The process for declaring a conflict occurs:

- annually, prior to the first committee meeting of the year; and
- during a meeting, resulting in the conflicted member being asked to leave the room for the item.

To avoid conflict of interest in the work of surveyors, individuals will not be allocated to the accreditation activity which relates to a health service where they work. All members appointed to a survey team are asked to complete the confidentiality and conflict of interest form.

Management of identified conflicts of interest involve having the conflicted individual not participate in discussions on matters pertaining to an organisation where they have a personal interest or where there could be personal gain or loss by remaining silent or leaving the room as requested by the Chair/Deputy Chair.

#### Team findings

As noted under attribute 2.2, PMCWA adheres to the WA Department of Health's conflict of interest policy. The PMCWA has a standard conflict of interest declaration and a draft guideline which was found to be adhered to in the work of the survey teams. Conflict of interest declarations are required on commencement of work with the PMCWA and annually, with the PMCWA secretariat referring to declared interests when forming survey teams.

The team found that the depth and breadth of leadership experience in PMCWA accreditation work and overlap in survey team lead and membership roles have resulted in the Authority developing an active process for managing the potential, actual and perceived conflicts of their Committee members and chair. In practice, this means that the chair of the Committee may be delegated a number of times during the meeting, depending on the accreditation matters brought to the meeting. The development of more accreditation survey team leads may, in time, support separation and committee membership responsibilities and simplify the management of conflicts of interest.

The team noted that the evidence provided with the submission included a draft *Conflict of Interest Guideline*, which provides more specific examples of how conflicts of interest should be managed in PMCWA work. The team encourages the PMCWA to continue plans to confirm the guideline to further strengthen and support the work of the Authority.

During the visit, the secretariat recounted to the team the process of maintaining a conflicts of interest register, which is used when preparing meeting agendas. An annual conflicts of interest declaration process takes place and there is a standing agenda item for conflicts of interest, with members asked at the commencement of the meeting to declare any additional conflicts. The team evidenced this process in action at the observation of the Accreditation and Standards Committee meeting, including the recognition of several conflicts and the plan for their management across the meeting. The process included the Chair absenting themselves from the room, as required by the policy, with deputy members being allocated to lead the items.

The documentation evidenced management of conflicts of interest during the Accreditation and Standards Committee meeting. The team also observed attention to identifying and managing conflicts of interest in the work of the Accreditation and Standards Committee, including a standing agenda item, call for additional conflicts and removal of identified conflicted members for the duration of the item. However, although there were very positive examples of recognition and management of conflicts of interest during the observed meeting, there was also an example of a deviation from the documented conflicts of interest procedure when a proxy member declared that they were a current employee at the health service being discussed but then actively participated in the discussion. It was also observed that junior doctor members provided commentary on previous placements and although this was not inconsistent with the policy, it may have the potential effect of introducing bias.

Prior to finalising the guideline, the PMCWA should also work with junior doctor Committee members to ensure a shared understanding of how their perspectives can inform the Committee while appropriately managing potential, actual or perceived conflicts of interest arising from their experiences and peer relationships.

#### **4.4 The accreditation process**

The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.

The PMCWA accreditation process is outlined in the *PMCWA Accreditation Standards Guideline*, and includes self-evaluation, assessment against standards, site visits and a report assessing the program against the standards.

##### *Pre-accreditation*

The PMCWA undertakes a pre-accreditation process, which is required prior to the appointment of a prevocational doctor to a term that has not previously been accredited by the PMCWA.

Two instances guide where pre-accreditation is required:

1. new health services intending to employ or provide placements for prevocational doctors
2. transitioning health services that are undergoing a change of facility or major reconfiguration of service delivery or organisational structure and will be continuing to employ or provide placement for prevocational doctors.

The pre-accreditation process includes:

- an initial paper-based accreditation assessment six months prior to advertisement of positions



- an on-site survey within six months of the doctors commencing in the pre-accredited position, where accreditation can be awarded for up to 12 months
- a second review (either survey or report) within twelve months of the first on-site survey. Accreditation can be awarded for up to 48 months.

#### *The accreditation process*

Accreditation is assessed at employee or placement health service and rotation levels, including:

- **Primary Employing Health Services (PEHS):** a health service that is accredited by PMCWA as a primary employer of prevocational doctors and involved in the prevocational training program. A PEHS is able to provide postgraduate year 1 doctors (interns) with the necessary experience to meet the requirements of the Medical Board of Australia within its network. Interns may only be employed by an accredited PEHS, while all health services may directly employ postgraduate year 2 and above doctors. PEHS may second prevocational doctors to placement health services in its network for four of the five terms annually.
- **Primary Placement Health Service (PPHS):** a health service within a defined network which receives prevocational doctors for three to four of the prevocational doctor's five terms in a year.
- **Placement Health Service (PHS):** a health service within a defined network which receives prevocational doctors from a PEHS or accredited PGY2+ rotating PPHS for one to two of the five terms.

This structure results in three survey types undertaken by the PMCWA:

- **Type 1 (Primary Employing Health Services and Prevocational Training Network) surveys:** involve the review of the Primary Employing Health Service's (PEHS) prevocational training network as a whole. This survey type may occur on the same or different day to surveys of PPHS, PHS or Terms. A type 1 survey:
  - ensures compliance with accreditation criteria section 1 (prevocational training program)
  - includes a meeting with the Prevocational Training Committee (PTC) and interviews with individual members
  - is undertaken by a separate survey team to those surveying placement health services and terms during the same time period.

Type 1 surveys are not restricted to the PEHS, but occur at PEHS, PPHS and PHS to accredit each service against the section 1 criteria relevant to its role within the PEHS' prevocational training network.
- **Type 2 (Health Service) surveys:** involve the review of a single health service, including a site visit, and addresses the accreditation criteria section 2 (health service-wide systems for supervision and training). This type of survey occurs at the PEHS, PPHS and PHS.
- **Type 3 (Term) surveys:** involve the review of terms for their compliance with the accreditation criteria in section 3 (unit/department/practice prevocational training).

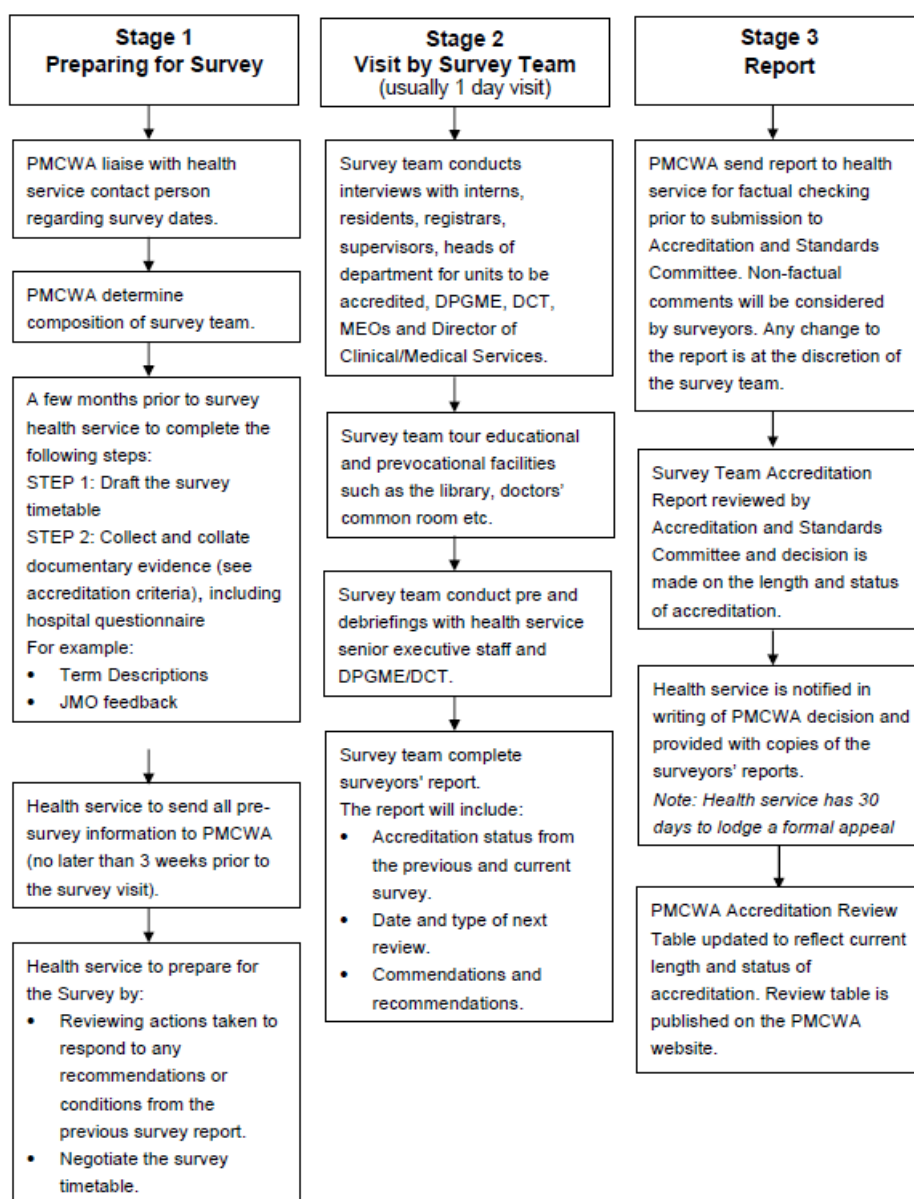
Prior to each survey, the PMCWA provides the employing or placement authority with a pre-survey questionnaire and term objectives template, which incorporates self-assessment against the standards. Health services are required to collate the necessary documentary evidence to demonstrate their compliance with the relevant accreditation criteria. For a follow-up survey, information on the previous assessment, including previously endorsed Health Service Internal Review reports, is also included in the information set.

The PMCWA then appoints a survey team, via the process outlined under attribute 4.2, to undertake an on-site visit which includes meetings with stakeholders (interns, residents, supervisors, medical education unit staff, heads of department and executive), with each department, unit or practice with prevocational doctor positions to be surveyed. A debrief is held with executive and medical education unit representatives at the conclusion of a visit.

Following a survey visit, the survey team complete a draft report which assesses the performance of the health service or term against the standards. The reports include the current awarded accreditation level, current accredited suitability for prevocational doctors, the number of accredited posts, the length of accreditation awarded, the term classification and provision of PGY1 core experience, organisation responsibility and method for next action, and commendations, recommendations for improvement and conditions for continuing accreditation. The draft report is sent to the Director of Clinical Training for factual review, and any comments are circulated to the team by the PMCWA to support consideration of amendments to the report. The survey team makes a recommendation to the Accreditation and Standards Committee regarding accreditation.

The PMCWA provides surveyors with a report template, outlining a checklist against the accreditation criteria for each type of accreditation.

#### *PMCWA accreditation survey process*



#### **Team findings**

The team confirmed that the PMCWA standards are compliant with the approved national standards for intern training. The team had the opportunity to observe the PMCWA conduct two

accreditation surveys and found the process to incorporate the requisite steps of self-evaluation, assessment against the standards, site visits and subsequent provision of a report assessing the program. The two PMCWA teams observed included three surveyors (a lead, support and trainee) who interviewed individual units and stakeholders within units separately (interns and residents, registrars, consultants and heads of department).

The team found that the PMCWA adopts a granular approach to accreditation, involving in-depth interviews with health service/term stakeholders, and frequent accreditation visits. While the granularity of the approach was acknowledged to add to the accreditation workload, the PMCWA considered it to be the best approach for the WA health system and one which supports the continued compliance and improvement of health services, in addition to providing the PMCWA with detailed knowledge of health services, terms and challenges.

There is excellent leadership at all levels with an engaged PMCWA and health service staff who welcome the accreditation process. The team found evidence of the PMCWA and survey teams having detailed knowledge of issues and challenges within the health service or a unit prior to the commencement of the assessment, with health services appreciating the collaborative and engaging approach of the PMCWA.

The team did note that the survey teams interviewed current prevocational doctors within each term separately and considered that this risks anchoring bias. An alternative approach of interviewing a range of prevocational doctors about their current and previous terms may strengthen the assessment and provide a more nuanced view of changes over time.

When the PMCWA identifies problems or challenges during the accreditation process, there is a collaborative approach to working with the health service to develop a solution. Frequent follow-up visits provide assurance that issues are being addressed, and health services reported these as being useful and appropriate. The survey team also provides direct feedback to health service executive and medical education staff.

The team acknowledged the PMCWA's commitment to maintaining and improving the quality of prevocational training. While the approach is clearly highly valued and appears to work well in the Western Australian context, the team encourages consideration of the sustainability of this process in the context of the implementation of the National Framework for Prevocational Medical Training over 2024–2025, and program/training placement growth in Western Australia.

#### **4.5 Fostering continuous quality improvement in intern training posts**

The accreditation process facilitates continuing quality improvement in delivering intern training.

The PMCWA describes its approach to accreditation as collegial and fostering good relationships with key stakeholders.

The submission outlined instances of medical education unit staff and junior medical officer forum representatives communication, both formal and informal, on accreditation-related matters, including updating the PMCWA on specific department progress, providing suggestions for improvement to the accreditation process and asking for guidance on intern training requirements.

The PMCWA has also implemented mechanisms to facilitate quality improvement in delivering intern training, including:

- peer evaluation surveys
- post-survey evaluation surveys: completed by survey team members and health services to feedback after each accreditation visit to indicate their satisfaction with the accreditation process and identify any suggestions for improvement
- surveyor workshops: including discussion and workshoping of process improvement ideas and review or development of guidelines and process documents.

## **Team findings**

The team found that the PMCWA uses a collaborative approach to facilitating incremental continuing quality improvement in the delivery of intern training. There is a multimodal approach in gathering information on issues and communicating changes.

The ethos of the accreditation process is very clearly to support quality improvement, and frequent engagement and monitoring of health services ensures a supportive approach to achieving compliance with the standards. While this approach was recognised as labour intensive for the small pool of surveyors and staff, the team heard that health service stakeholders valued the frequent, supportive approach of the PMCWA and reported finding it highly useful to encourage and iterative quality improvement, clear goals and collaborative communication.

### **4.6 The accreditation cycle and regular monitoring of intern programs**

The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern training – National standards for programs.

The accreditation process is cyclical, with a maximum of 48 months accreditation, aligned with the national guidelines and standards. The PMCWA also undertake regular monitoring of intern training programs, via:

- mid-cycle progress reports
- Junior Medical Officer phone calls.

Mid-cycle progress reports are provided by the health services two years into their four-year accreditation. This process asks health services to provide a self-assessment and a report outlining their progress, including against any recommendations made at the last site survey. Health services also have an opportunity to notify of any changes which may impact their compliance with the standards through the mid-cycle reporting.

The mid-cycle reporting process was paused over the last two years to reduce the burden on health services during the COVID-19 pandemic.

The accreditation reports following site visits include conditions and recommendations for improvement, and follow-up reviews are undertaken to ensure health services remain accountable, and to encourage ongoing monitoring to support continuing improvement in the quality of intern training.

## **Team findings**

There is a clear, cyclical four-year accreditation cycle, which is consistent with the national standards. The documentation and observations reviewed by the team included evidence of both cyclical assessment, mid-cycle monitoring and more regular monitoring processes (follow-up visits, phone calls) as required. As noted under attribute 4.5, health services discussed the benefit of frequent monitoring to help facilitate continual improvement and compliance with the accreditation requirements of the PMCWA.

The team additionally noted that a frequently updated schedule of accreditation and monitoring activities is maintained on the PMCWA website.

### **4.7 Mechanisms for dealing with concerns for patient safety**

The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints process.

The PMCWA accreditation standards include a criterion that relates to patient safety which is assessed during accreditation surveys and aligns with the national standards. Any concerns raised that may have an impact on patient safety are reported to be marked in the accreditation report

as unmet, with a condition on accreditation applied. There is an expectation for health services to address any conditions, which is monitored by the PMCWA via the Health Site Internal Review (HSIR) reports, follow-up surveys, and/or junior medical officer phone calls.

The PMCWA collects junior medical officer questionnaires for the health services undergoing accreditation in order to collate the junior medical officer feedback, as required. This questionnaire includes questions related to patient safety, including the support of a term for safe and high-quality patient care; and the level of risk to patient safety within a term due to inadequate support for junior doctors. This approach allows survey team members to explore any identified issues during the survey, particularly if there is concern for patient safety as a result of inadequate support structures for junior medical officers.

The PMCWA submission provided examples of evidence where accreditation was withdrawn from terms as a result of inadequate supervision for junior medical officers.

### **Team findings**

Several examples were provided to the team by the PMCWA and stakeholders that described the mechanisms in place for identifying and managing concerns about patient safety. The team found that the PMCWA takes patient safety issues seriously, and the Accreditation and Standards Committee and surveyors have the power to raise patient safety concerns as they are identified.

When patient safety concerns are identified, the PMCWA applies conditions and engages follow-up survey processes and junior medical officer phone calls to monitor the issue, seek progress made by the health service to improve processes and resolve the issue.

Outside of the accreditation process, the team heard that the PMCWA's close engagements with stakeholders, notably through its subcommittees and groups, result in more informal approaches to the identification and management of concerns. Within health services, concerns can be fed back through to the Junior Medical Officer Forum, or through the Medical Education Unit, of which many individuals are members of the PMCWA. Issues brought to the attention of the PMCWA through these channels can result in an action item back to the health service seeking explanation or further information.

## **4.8 Mechanisms for identifying and managing concerns for junior doctor wellbeing**

The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.

The PMCWA accreditation standards include a criterion that relates to junior doctor wellbeing, which is assessed during accreditation surveys. If any concerns are raised, it is marked in the accreditation report as unmet, with a condition on continued accreditation applied. Health services are required to address any conditions through the PMCWA's monitoring processes, including a Health Site Internal Review (HSIR) report, follow-up survey and/or junior medical officer phone calls.

As noted under attribute 4.7, the PMCWA seeks junior medical officer feedback via a questionnaire which also includes questions relating to supervision, workload, support and wellbeing. The questionnaires are reported to provide survey teams with an indication of the junior medical officers' experience and whether the department or health service promotes good workplace culture that is conducive to junior medical officer wellbeing.

The Accreditation and Standards Committee Terms of Reference document includes a specific responsibility to advise the PMCWA Council if it becomes aware of any significant concerns about prevocational doctor wellbeing, or environments that are unsuitable for junior doctors.

A *JMO Escalation Pathway* has been drafted by the PMCWA, which has been turned into a flyer for Junior Medical Officers to understand the pathways available, and opportunities for resolution of

concerns. The pathway details the steps for escalation, including a flow chart of the escalation pathway within health services (step one), which progresses from term to department level before it is escalated to the Medical Education Unit and RMO Society. If no progress is made, step two of the escalation process involves reaching out to the health service Junior Medical Officer Forum (JMOF) representative or contacting the PMCWA, and providing details of the concern, and actions that have been taken to try to resolve the concern. The JMOF representative will then confidentially raise the concern at the next meeting, or out of session if required.

Minutes of Junior Medical Officer Forum meetings demonstrate that at each meeting a report is given by the representative from each site if they are in attendance. The site reports cover issues raised with respect to wellbeing, supervision, workload/requirements, rostering and leave; and access to teaching, for example. Actions for areas of concern are identified, and typically include the PMCWA highlighting or monitoring concerns and issues to be addressed by the health service.

The PMCWA additionally has a process of conducting junior medical officer phone calls, which are reported to be similar to written Health Service Internal Review (HSIR) reports. This process is used as an interim or follow-up review to:

- follow up concern(s) identified during a site visit
- follow up concern(s) raised at the Committee meeting, or via other avenues
- monitor to ensure changes have been embedded or are working well.

The PMCWA secretariat conducts the junior medical officer calls, with it being standard practice to have two staff members participating. The process for the calls includes:

- contacting the Medical Education Officer for the names and contact details of junior medical officers at the relevant health service or department
- emailing all junior medical officers notifying them that the PMCWA will be conducting phone calls as part of the hospital department's accreditation process
- encouraging a safe and comfortable space for junior medical officers to share their experiences by informing them that they are welcome to skip any questions or add additional information that may not previously have been raised. Junior doctors are informed that the details of the phone call will be deidentified and discussed at the level of the Accreditation and Standards Committee.

Calls are conducted in a supportive manner, using the *PMCWA Junior Medical Officer Questionnaire* as a guide to structure the discussion. The questionnaire covers orientation; supervision; performance appraisal/feedback; teaching and learning; clinical experience and workload; support and wellbeing; and overall experience. The secretariat takes into account the main issues to be focused on based on the most recent accreditation report and/or the Committee's concerns. Notes are taken by the secretariat and a summary of findings is tabled at the Committee meeting for action.

### **Team findings**

The team noted that there is clear criterion that directly references junior doctor wellbeing, which was explored by the two survey teams that the AMC team observed. The team found the PMCWA to have appropriate mechanisms in place for the identification and management of concerns relating to junior doctor wellbeing, including an escalation pathway, junior medical officer phone calls and use of the Junior Medical Officer (JMO) Forum, that feeds back to the Accreditation and Standards Committee, allowing the identification of issues, and subsequent action and monitoring from the PMCWA.

The team found there to be a clear focus and priority on junior doctor wellbeing and safe working environments, coupled with responsive and strong on-the-ground mechanisms to manage any related concerns. The regular accreditation approach and monitoring mechanisms (follow-up surveys and JMO calls) appeared to be appropriate in identifying and ascertaining the extent of issues and the progress made to resolve them.

The well-respected position and authority of the PMCWA and the collegiate and collaborative working relationships between the Authority and health services further supports the raising and management of junior doctor wellbeing concerns.

The team heard examples of JMO wellbeing issues and knowledge of unsuitable environments being directly flagged and escalated to the Chairs of the Accreditation and Standards Committee and the PMCWA Council, resulting in swift action to remove junior medical officers from inappropriate or unsafe situations. This pathway of escalation allows for issues to be dealt with in a timely manner.

In discussion, the team found that the PMCWA was instrumental in the development and improved visibility of the escalation pathway for JMO concerns across WA. The team acknowledged that there is a collegial relationship between the JMO Forum representatives and the PMCWA, especially the leadership team, allowing for JMO wellbeing and safety concerns to be voiced safely and escalated in a timely manner.

#### **4.9 Considering the effect of changes to posts, programs and institutions on accreditation status**

The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.

##### ***Process for consideration of new terms, posts and programs***

The *PMCWA Accreditation Standards Guidelines* outline the processes and standards for determining whether changes to terms, programs or the health service will affect the accreditation status. The PMCWA website also includes information on this process for the benefit of health services.

The PMCWA must be notified of any changes which may significantly impact upon the education and training of prevocational doctors. Failure to report changes can affect accreditation status.

Health services that plan to introduce new terms are required to notify the PMCWA to request an accreditation survey, and are required to adhere to the accreditation standards. Similarly, health services are advised to notify the PMCWA if there are planned changes to the prevocational training program, which may include:

- plans to add or remove interns/residents to un/accredited positions
- changes to the postgraduate medical education unit
- changes to the roster or timetable structure (e.g., including junior doctors in a night roster)
- activity level (e.g., long-term increase in workload).

The PMCWA requires a written application and supporting documentation to be provided which outlines the proposed change and how it may or will affect the training. The PMCWA can provide a *Preliminary Accreditation Request Form: for new positions or changes to accredited positions* to health services, which includes information on the department (accreditation status, type of term and classification), junior doctor positions, available support (e.g., appointed term supervisors and adequate supervision), and further information on the program, including the rationale for the change, expected workload and roster, learning opportunities and updates or planned improvements.

The template indicates that the information provided will be considered by the Chair, PMCWA, and/or the Accreditation and Standards Committee, and an accreditation site survey may be organised to review the changes.

The PMCWA additionally has a procedure for *Preliminary Accreditation of New Prevocational Doctor Training Positions in Currently Accredited Health Services* which is applicable to currently

accredited services with accredited positions that are undergoing significant changes to their training capacity or structure, including:

- creating new accredited PGY1/2 positions in a unit/department/practice with current accredited positions
- creating new accredited PGY1/PGY2 positions in a unit/department/practice that does not have previously accredited positions
- accrediting PGY1 positions which have only been accredited for PGY2 and above.

The policy allows the positions to be granted provisional accreditation status expeditiously and without disruption to the prevocational doctor's education and training.

For preliminary accreditation applications, email communication to the Chair of the PMCWA Accreditation and Standards Committee, including the PMCWA secretariat, will be accepted in the first instance. A follow-up letter disclosing further application details is to be provided later.

The Accreditation and Standards Committee has primary responsibility for the adherence to the preliminary accreditation protocol. Special considerations may be applicable to the process at the discretion of, and on approval by, the Committee.

The PMCWA secretariat is responsible for the operational adherence to the preliminary accreditation protocol and for ensuring that health services seeking preliminary accreditation are clearly informed of the preliminary accreditation processes available to them and the actions required.

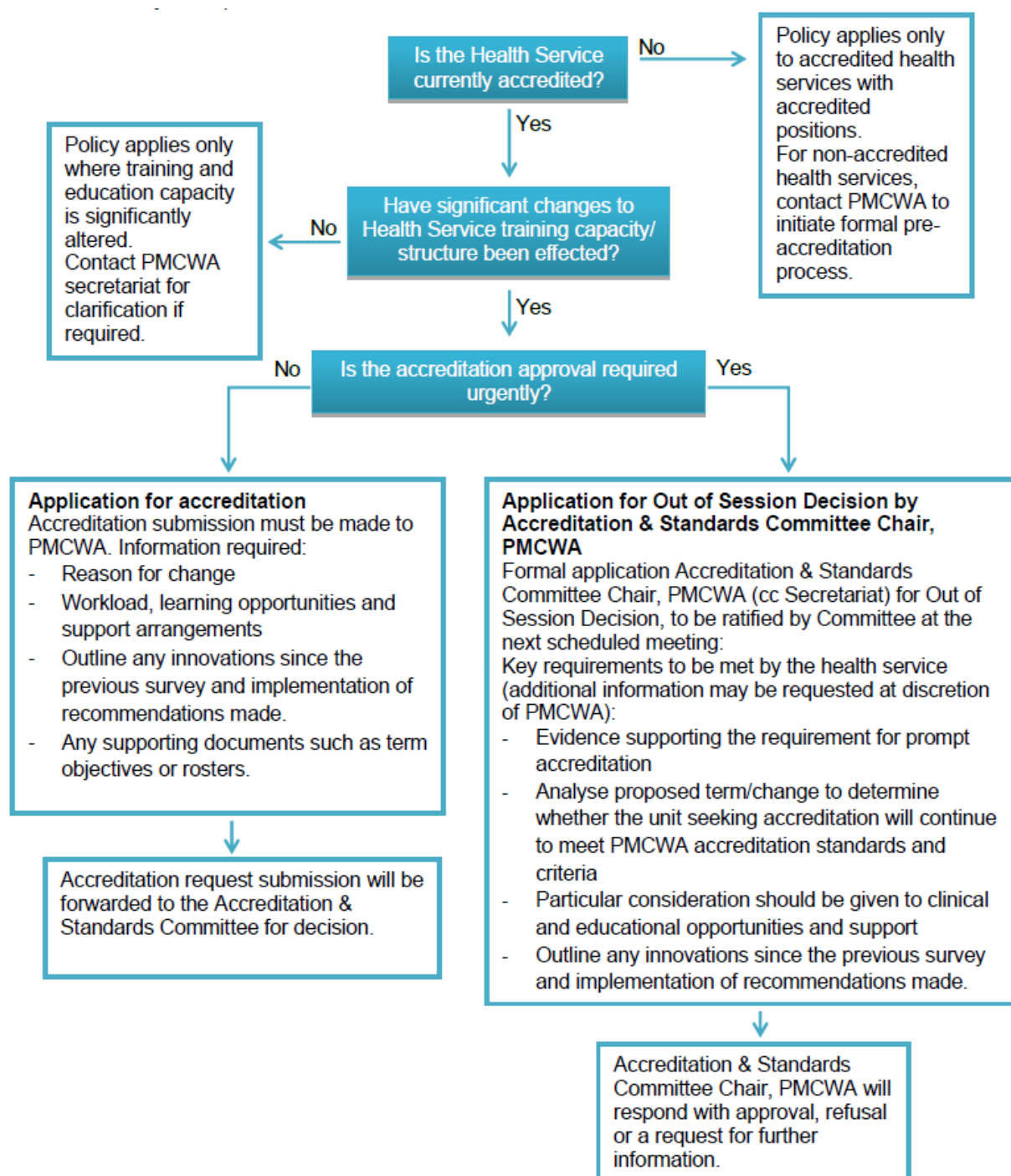
Applicant health services are responsible for adhering to the outcome requirements as part of the process, including:

- completion of health service term evaluations by each prevocational doctor occupying the position for which accreditation is being sought
- ensuring the Director of Clinical Training makes contact with the prevocational doctor at the beginning, middle and end of term
- ensuring the Director of Clinical Training makes contact with the Term Supervisor and/or Head of Department at the beginning, middle and end of term
- reporting on each of these activities.

Provisional accreditation will be awarded subject to surveys and reports demonstrating compliance with the PMCWA accreditation standards and criteria. Accreditation of new posts can be granted for a maximum of 12 months, and the PMCWA reviews the accreditation status granted halfway through the prevocational doctors' terms.



## Procedure for preliminary accreditation applications



## Team findings

The team found the PMCWA to have clear guidelines on the reporting of changes that may have an impact on accreditation, with national guidelines applied in the process of determining the effect a change may have on accreditation and on the broader training program.

In conversation with stakeholders, it was heard that the process was followed and health services actively approached the PMCWA regarding proposed changes and for assistance with working through the change process, with PMCWA support and constructive advice provided in a timely manner.

The team found that the structure of the accreditation process, including regular follow-up surveys, supported the Authority's active awareness of, and response to, proposed changes, including considered understanding of how the change may impact the program. The team heard praise for the flexibility and adaptability the PMCWA provided during the COVID-19 pandemic, allowing for changes to the accreditation process, and conducting virtual accreditation surveys.

#### 4.10 Application of documented decision-making processes

The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.

The *Accreditation Standards Guideline* documents the processes for accreditation decision making and reporting.

The Accreditation and Standards Committee is responsible for making decisions and awarding accreditation status to an organisation/unit/department/practice based on the recommendations of the survey team in the survey report. The health service has an opportunity to review the draft report for factual accuracy and endorsement before it is submitted to the Committee.

There are three levels of accreditation which may be awarded by the Committee:

- **Full accreditation:** awarded for positions assessed as compliant with all accreditation criteria and accredited to employ a prevocational doctor of a stated level for the defined period of time. Recommendations for improvement may be suggested; however, accreditation is not dependent on their implementation.
- **Provisional accreditation:** awarded for positions assessed as compliant with some accreditation criteria and is subject to the provision of evidence (i.e., follow-up surveys or reports) that criteria identified as unmet at the time of the survey have subsequently been addressed and are now met.

Provisional accreditation incorporates two sub-levels:

- provisional accreditation (subject to surveys and reports meeting accreditation criteria) – provided planned improvements outlined to PMCWA are implemented and reporting requirements are met. Applies to:
  - newly accredited rotations who otherwise meet the accreditation criteria
  - rural or remote rotations who have provisional accreditation conditional upon the implementation of a presented plan to address structure issues
  - rotations that are aware of deficiencies and have a plan which they have presented to PMCWA that includes reportable milestones and deadlines for improvement.
- provisional accreditation (accreditation to be withdrawn unless listed conditions are met) – accreditation is conditional on changes required by PMCWA being implemented and reporting requirements met. If the changes are not implemented successfully and/or reporting requirements not met, accreditation and the prevocational doctor position will be withdrawn.

The two sub-levels reflect the difference between situations where progress is not yet completed towards meeting accreditation criteria, but planning is in place to ensure this occurs; and situations where serious concerns have been identified and must be addressed to ensure continuing accreditation.

- **Accreditation not awarded:** awarded for positions assessed as not having met sufficient accreditation criteria to receive accreditation. Failure to provide adequate supervision and education to ensure safe patient care will result in immediate loss of accreditation. PMCWA make recommendations for changes to be implemented before another survey can be conducted and accreditation considered.

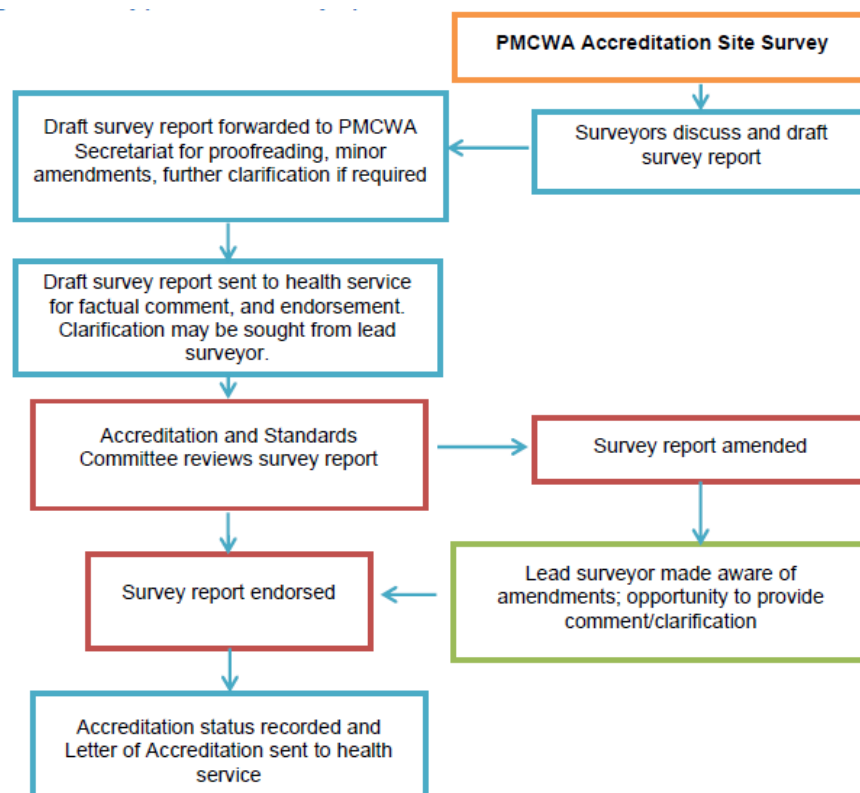
Where accreditation is not awarded, no interns can occupy the position, a resident employed by the Department of Health can be placed in the position for a maximum of four weeks in a

52-week contract, and a resident employed by a private hospital must be made aware that it is not an accredited training position.

The accreditation awarded for a health service or term remains valid or is extended until the most recent survey report has been endorsed by the Accreditation and Standards Committee, conditional upon a survey occurring before the accreditation period ends. Decisions on accreditation are made on the basis of the survey report, including the recommendations, with the Committee taking one of the following actions:

- endorse the draft report and accreditation award status as recommended
- amend the survey report and award an alternative accreditation status.

*Figure of the PMCWA decision-making process*



The *Accrediting Program and Awarding Conditions* policy details that the length of accreditation is not linked to the accreditation level. The minimum length of accreditation awardable is three months, with the maximum being 48 months before reaccreditation is required.

#### *Out-of-session decisions*

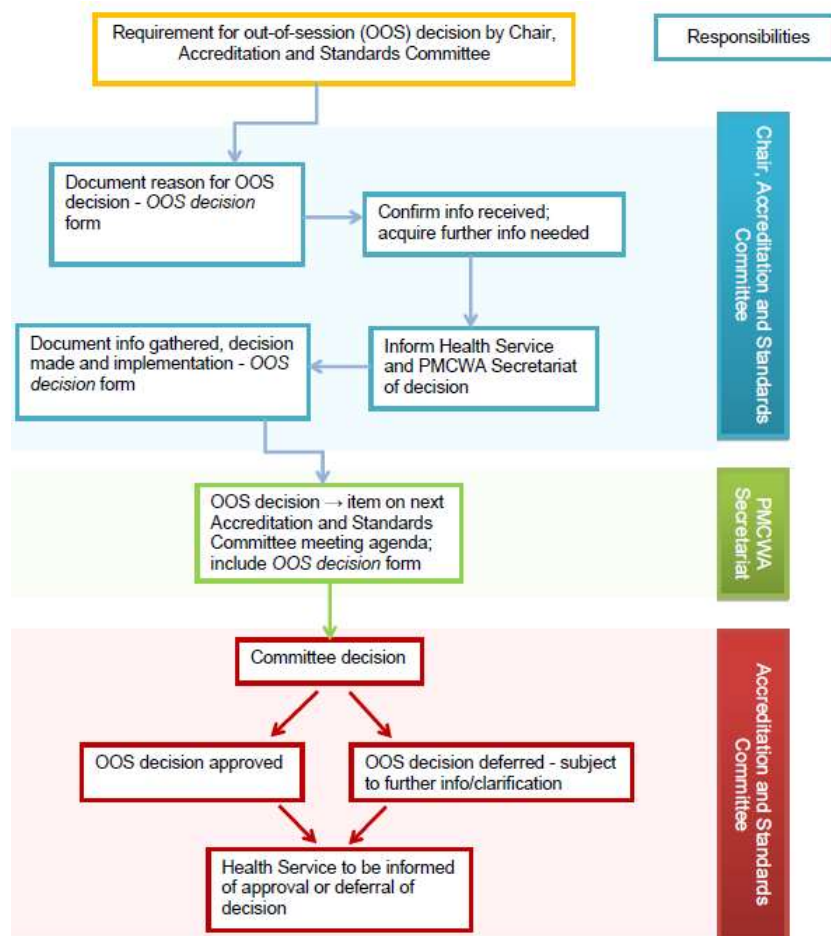
As per the procedure for *Out-of-session decisions by the Chair of the Accreditation and Standards Committee*, the Chair of the Committee may award provisional accreditation, make appropriate alterations to a surveyor's scope of accreditation responsibilities, or any other status conferrable by the Committee between meetings. All such decisions are required to be reported and are subject to approval/confirmation by the Committee at its next meeting.

This process is applicable to urgent out-of-session decisions and the circumstances noted above. All out-of-session decisions are required to be sufficiently documented so as to justify the decision and allow discussion by the full Committee. This includes a clear summary of the decision and information used in the decision-making process.

The Chair must be satisfied that all documentation and information required for a decision has been received before one can be made; and they must take reasonable steps to confirm information received, and acquire any additional information required.

All information gathered, decisions made, and action undertaken is to be included in the next Committee agenda for discussion and decision.

#### *Out-of-session decision procedure summary*



Part of the 2023 *PMCWA Operational Plan* includes the continual monitoring of independence and transparency in accreditation decisions to ensure the process remains free of undue influence.

#### **Team findings**

The team found the decision-making process, as documented, became clearer once it was visualised and through discussion with the PMCWA. This process was observed to apply in practice.

The team considered there to be a respect for the corporate memory and experience of the senior PMCWA members, which additionally facilitates their ability to navigate any undue influence from interested parties.

The close relationships, communication and frequency of engagement and follow-up visits support the PMCWA to be quick to make decisions on accreditation and areas of issue. However, the high degree of responsiveness to concerns and the rapid cycle approach to accreditation and decision making may carry a risk of the PMCWA reacting prematurely to a potential concern which is not a widespread problem. This risk was acknowledged by the PMCWA and the AMC team saw maturity within the organisation, which included reflection on and review of decisions that it has made.

It was observed that PMCWA survey teams provide direct feedback on likely accreditation status, requirements and timelines for a follow-up visit. While this is valued by health services and currently low risk given the depth of experience in survey team leads (including as Committee

members), it is important that the feedback provided during the course of an accreditation visit does not pre-empt the decision making of the Accreditation and Standards Committee.

#### **4.11 Communicating accreditation decisions**

The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.

The *PMCWA Accreditation Standards Guideline* indicates that the accreditation status of intern training programs is communicated via formal correspondence to health services within two months of the completion of the survey, along with an accreditation report. Accreditation status and dates for review are additionally published on the PMCWA website.

The PMCWA provides biannual reports to Ahpra detailing the outcomes of accreditation activities, per the funding agreement.

Updates can also be provided on an ad hoc basis to key stakeholder groups, including the Junior Medical Officer Forum.

#### **Team findings**

The team found the communication style and collegiate nature of the PMCWA's accreditation work to be commendable. The team heard resounding feedback of the excellent communication to stakeholders and support from the PMCWA from a broad range of stakeholders, including health service and medical school staff and junior doctors.

The team noted the documented process for informing health services of accreditation outcomes, which appeared to be appropriate. Health service staff and stakeholders reported timely delivery of outcomes. The team also observed PMCWA survey teams providing an immediate overview of key areas of strength and issues in health service accreditations, including areas for immediate action.

As noted under attributes 4.5 and 4.6, the follow-up review approach through follow-up visits and Junior Medical Officer (JMO) phone calls for terms/health services who received a number of conditions on accreditation were welcomed by health service staff. The JMO phone calls were considered to be part of the 'closing the loop' process for JMOs on terms interviewed during a visit.

The process was well-respected, with the health services the team spoke to positively reflecting on accreditation outcomes, and noting the inclusion of clear and actionable conditions.

The team heard that the PMCWA provide timely and appropriate reports to the Medical Board of Australia and Ahpra, detailing progress and issues raised in relation to intern training accreditation.

#### **4.12 Complaints, review and appeals processes**

There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

The *Procedure for Appeals to Accreditation Awards* is included in the *PMCWA Accreditation Standards Guideline*.

A health service may lodge an appeal within 30 days of being advised of its accreditation status following an accreditation survey conducted by the PMCWA. Applications for appeal are to be addressed to the PMCWA secretariat and include detailed information on the accreditation decision it is appealing and the grounds for appeal.

The grounds for appeal by a health service include, but are not limited to:

- relevant and significant information available to the surveyors was not considered in the making of the recommendations

- the survey team report was inconsistent with the information put before the team
- irrelevant information was considered in the survey team decision
- perceived bias of a surveyor or surveyors
- information provided by the survey team was not duly considered in the recommendations of the Accreditation and Standards Committee.

Health services have a further 30 days to provide all supporting documentation/evidence, in writing, substantiating the case and grounds of appeal, and there is a \$4000 administrative cost when an appeal is lodged. Health services may also be liable for any additional costs incurred during the appeal.

Upon receipt of the application and documentation by the PMCWA secretariat, the documentation is forwarded to the Accreditation and Standards Committee and the accreditation survey team coordinator for written comment. A meeting will subsequently be arranged for the Appeal Committee to consider the application.

The Appeal Committee consists of the Chair, PMCWA, and nominees of:

- the appellant health service
- the Medical Board of Australia (WA Board)
- the Department of Health, WA
- a third party independent/interstate accreditation surveyor.

Nominees on the Appeal Committee are to be independent of the PMCWA, the Accreditation and Standards Committee, and not employed by, nor appointed to, the appellant health service.

The appeal process includes:

1. The Appeal Committee considers the case and grounds for lodging the appeal and reviews all relevant written documentation.
2. The appellant health service retains its previous accreditation status prior to the accreditation survey during the review and appeal process.
3. There will be no legal representation, nor provision for personal representation by the appellant health service. Consideration of the appeal shall be solely on the basis of the review of written documentation.
4. The Appeal Committee will make a decision within three months from the lodging of the appeal application.

All members of the Appeal Committee are entitled to vote on the decisions, with the outcome of the appeal decided by majority vote. In instances of a tied vote, the Chair will exercise the casting vote. The Accreditation and Standards Committee are bound to accept the decision of the Appeal Committee.

On completion of the appeal process, the Chair, PMCWA, communicates to the health service one of the following decisions:

- to uphold the original accreditation decision
- where reasonable doubt is established as to the accreditation status awarded, to revoke the decision and recommend a resurvey of the health service. Such a survey will focus on the specific areas wherein there exists uncertainty.

In the instance of a resurvey, a new survey team will be appointed, and no further appeals process will be available.

At the time of the submission, the PMCWA reported that no appeal regarding an accreditation award has occurred.

### **Team findings**

The team found that the appeals process is documented within the *Accreditation Standards Guidelines*. As noted in the *Important Document Register*, the appeals process was last reviewed in

2014, despite the guidelines document having a review date of March 2023. The team heard that the appeals process is currently being considered within the context of the National Framework for Prevocational Medical Training, and that the PMCWA is looking to further formalise the process to have a clear statement of what health services need to do. The secretariat has been exploring what policies and processes for complaints and appeals other jurisdictions have in place to support this process.

The team heard that the documentation and structure for the management of an appeal are in place; however, no formal appeal or complaint has been lodged (some clarification and revision has been required to accreditation reports, with most discrepancies being picked up during the factual checking process).

The team considered the current procedure to provide clear guidance on the grounds for an appeal, the costs involved, the constitution of an appeals committee and the process. The policy was found to appropriately bind the Appeal Committee to the principle of natural justice (procedural fairness).

The principles of procedural fairness are evident in the documented process. The principle of the right to a fair hearing is evident in the transparency and documentation of the accreditation process, the ability to provide a written submission detailing the grounds for appeal, and clear timelines for decision making.

During discussion with stakeholders, they reported a collaborative and reasonable approach to providing feedback and seeking revisions. Some stakeholders reported feeling comfortable to submit an appeal application if they identified issues with the process or findings. The team also heard that structures were in place to facilitate the informal raising of issues with the PMCWA, as required.

The team noted that the scope of the documented appeals process does not include avenues for making complaints or requests for review. It was considered that these less formal pathways may not be evident to all stakeholders; for example, those who may be less engaged in the work of the PMCWA.

Considering impartiality and bias, the team found that the governance structure of the PMCWA, in addition to the centrality of senior surveyors in the accreditation process, means that it may be likely that the documented composition of the Appeals Committee could produce at least one conflict of interest issue, that being that one of the members of the Committee was involved in the original accreditation decision. The team also noted that it is not standard practice for the appellant to nominate a representative to an appeals committee.

## 5 Stakeholder collaboration

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**Domain:** The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

### Attributes

- 5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.
- 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.
- 5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

### 5.1 Engagement with stakeholders

The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.

The PMCWA has processes for engaging with a diverse range of stakeholders, including junior doctors, health services, local medical schools and the jurisdiction health department through its governance structure, and engagement with broader Western Australian committees and groups.

As noted under attributes 1.5 and 1.6, the *PMCWA Council Charter* and the terms of reference for each committee outline representation from a broad group of stakeholders at each level of governance. This model supports the engagement of each Primary Employing Health Service; WA Universities; junior medical officers; medical education, training and administration staff; the Department of Health; surveyors; supervisors; the Medical Board of Australia; and consumers.

The PMCWA secretariat's positioning within the Department of Health fosters close working relationships and engagement with the Department, including monthly meetings of the PMCWA Chair and Manager with the WA Chief Medical Officer to ensure the Department is informed of the operational and strategic work of PMCWA, to identify risks which may require Departmental support and to identify opportunities for collaboration.

The PMCWA additionally convenes and provides the secretariat support for groups and meetings which have a focus on prevocational training, support and wellbeing, including the:

- Medical Education Officer Network
- Junior Medical Officer Forum
- Medical Education Registrars Network
- Doctors' Welfare Interest Group.

In addition to allowing the PMCWA to communicate information to stakeholders, the Authority's role in supporting these stakeholder groups facilitates greater input into strategies and events, obtaining feedback, and encouraging open channels of communication between stakeholders and the PMCWA.

The PMCWA has regular representation on external WA-based fora, including the:



- Deans, Office of the Chief Medical Officer and Directors of Postgraduate Medical Education (DODs), providing a monthly connection between WA medical schools, sites that employ junior medical officers and the WA Department of Health
- Office of the Chief Medical Officer Executive Meetings
- Medical Board (WA) Registration Committee
- WA Health Medical Workforce Operation Forum
- National Prevocational Medical Accreditation Network (PMAN) meeting
- AMC Prevocational Standards Accreditation Committee
- Meeting with Chief Executives (at Health Services)
- National Medical Intern Data Management (NMIDM) Working Group
- National E-portfolio Project Board
- Medical Training Survey Consultative Forum
- Implementation of National Framework Working Party.

A Medical Education Symposium is hosted by the PMCWA annually, providing an opportunity to consult and engage with stakeholders and promote PMCWA work, and to provide medical education expertise and workshop activities. The 2022 symposium introduced stakeholders to elements of the National Framework for Prevocational Medical Training and sought feedback from attendees, and encouraged practical engagement with, and preparation for, the changes to be implemented in 2024.

As noted under attribute 4.1, the PMCWA also uses its website and newsletters as an engagement mechanism.

### **Team findings**

The team found that the PMCWA has clear structures and avenues for engaging a diverse and representative range of stakeholders in Western Australia. As noted under attribute 1.6, the representative governance model is a strength in the WA system. An excellent understanding of the Authority's work and strong support from the WA Department of Health was evident in the documentation and in communication.

The team observed evidence of the PMCWA leading and providing secretariat support for stakeholder meetings, which facilitated engagement and strengthening of its stakeholder relationships. Of particular note, the DODs meeting is an exemplar of the collaborative culture across the medical education continuum in WA and the PMCWA as an important support for this.

Stakeholders gave very positive feedback on the approachability and responsiveness of PMCWA secretariat staff and the PMCWA was viewed by all as a collaborative and engaging entity.

The team recognised that the close nature of the Western Australian medical education and training community additionally facilitates informal and relationship-driven interactions between stakeholders and the PMCWA. This was considered to encourage greater collaboration and engagement in, and understanding of, the work of the PMCWA.

## **5.2 Communications strategy**

The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.

The PMCWA has a *Communications Guide* which guides the development of PMCWA communications by maintaining good communication practice through the use of formal and informal channels and strategies.

The *Communications Guide* applies to all communication required to:

- assist and support the achievement of PMCWA's objectives and functions
- increase the profile of PMCWA

- share knowledge and information with stakeholders
- share knowledge internally for effective organisational management.

The guide aims to ensure the clarity of messages, an understanding of the target group(s) and the timing of communication.

The PMCWA's core communication strategies include: the PMCWA website; newsletters which are both emailed to stakeholders and available on the website; the annual report; annual Medical Careers Expo hosted by the PMCWA and targeting final year medical students and prevocational trainees; Medical Education Symposium and interactive workshops; email; social media (e.g., Facebook) to promote events, announce dates and communicate brief messages; SharePoint sites; and committee and network group meetings.

The PMCWA also has a *Junior Medical Officer and Careers Portal Communications Plan* for 2023 which outlines the theme and timing of key communications across the year; in addition to colour-coordinated identification of the required channels of communication.

The *PMCWA Marketing Plan* has also been developed to provide a guide for the required communication strategies, and was driven by a meeting with the JMO Co-Chairs where the need for a more comprehensive plan was raised. The plan lists four objectives:

1. ensure stakeholders understand the work of PMCWA
2. ensure JMOs engage and collaborate with PMCWA
3. ensure other stakeholders engage and collaborate with PMCWA
4. ensure JMOs are comfortable providing information to the PMCWA and how to contact the PMCWA so we can understand their issues and advocate on their behalf.

Under each objective, the PMCWA has identified the target group(s), key messages and strategies to achieve the objective.

### **Team findings**

The team found that the *PMCWA Communications Guide* outlines a broad strategy for engaging and updating stakeholders in the work of the PMCWA, disseminating information and building the reputation of the Authority. The strategic avenues for communication are clearly outlined, including various online channels, through the meetings and committees that the PMCWA coordinates or provides secretariat support to, and in interactive workshop scenarios. The PMCWA has clear formal processes for engagement and collaboration with stakeholders, in addition to the extensive informal interaction and connection across the WA prevocational health system.

The PMCWA has a clear and user-friendly website, with easily accessible information, as noted under attribute 4.1. The team commended the comprehensive newsletter providing stakeholders with updates on the National Framework for Prevocational Medical Training.

The team heard positive responses to the communication received by the PMCWA, and the increased visibility of the Authority on social media, which was raised by several junior medical officers of varying levels of familiarity with the PMCWA. The online presence was noted to support the greater engagement of the intern cohorts and develop their awareness of accreditation and escalation pathways.

### **5.3 Collaboration with other accreditation organisations**

The intern training accreditation authority collaborates with other relevant accreditation organisations.

The PMCWA collaborates with other relevant accreditation authorities through its representation on several national committees and groups. These fora provide opportunities for collaboration and information sharing.

As a member of the Confederation of Postgraduate Medical Education Councils (CPMEC), the PMCWA has regular contact with postgraduate medical councils across all jurisdictions in Australia.

PMCWA representatives, including the Chair of the Council, sit on a number of national organisations and committees, including the AMC Prevocational Standards Accreditation Committee; the Prevocational Medical Accreditation Network (PMAN); the National Medical Intern Data Management Working Group; the National E-Portfolio Project Board; the Medical Training Survey Consultative Forum; and the AMC National Framework for Prevocational Medical Training Review Working Party.

The PMCWA submission provided an example of the PMCWA having drafted an evidence matrix against the revised national standards, which was shared with several jurisdictions to use as a guide for when they undertake a review of their own process. The PMCWA has additionally provided input to other jurisdictions in their development of resources for the implementation of the revised national standards.

In 2023, the PMCWA is hosting the Australian and New Zealand Prevocational Medical Education Forum.

### **Team findings**

The team notes that the PMCWA has collaborated effectively with other relevant accreditation organisations and is an active member on multiple national committees and groups, notably the CPMEC, PMAN and within the AMC. Feedback from other accreditation authorities reflected positively on their contribution and collaboration.

The team considered that as the PMCWA commences the undertaking of further work with the accreditation of additional intern positions, alongside the planned process and procedural changes resulting from the implementation of the National Framework for Prevocational Medical Training, an additional opportunity exists to strengthen collaboration between accreditation organisations.

## **5.4 Working within accreditation frameworks**

The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

The PMCWA accreditation documentation and processes align with overarching national and international structures of quality assurance and accreditation. The documentation, standards and processes are clearly mapped to the *Intern Training – National Standards for Program*, in addition to other published processes and standards by the AMC, PMAN, CPMEC and Medical Board of Australia.

As noted under attribute 5.3, the PMCWA actively engages in meetings with the Confederation of Postgraduate Medical Education Councils.

### **Team findings**

The team found the PMCWA to work appropriately within the current national structures for quality assurance and accreditation.

The PMCWA regularly responds to consultation and actively engages in the AMC's review of the National Framework for Prevocational Medical Training.

The team noted engagement and preparation across the organisation, from the new strategic plan to resource development to support the implementation of the National Framework for Prevocational Medical Training in 2024.

## **Appendix One Membership of the 2023 AMC Team**

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**Dr Georga Cooke (Chair)**, BSc MBBS(Hons II) MHM GradCertClinEpi FRACGP GAICD. Acting Deputy Director Medical Services, Princess Alexandra Hospital; Deputy Chair, AMC Prevocational Standards Accreditation Committee; Member of the AMC National Framework for Medical Internship Working Party.

**Professor John Vassiliadis**, MBBS FACEM. Chair, Prevocational Training Council, HETI, NSW; Senior Staff Specialist, Emergency Medicine, Royal North Shore Hospital; Director of Prevocational Education and Training, Royal North Shore Hospital; Clinical Professor, Specialty of Emergency Medicine, Sydney Medical School - Northern, University of Sydney; Captain, Director Navy Health Training, Royal Australian Navy.

**Dr Daniel Zou**, MD BBMed AAICD CHIA. Medical Intern, Monash Health; Council Member, Australian Medical Council; Member, Australian Medical Council Prevocational Standards Accreditation Committee.

**Ms Julie Hatty**, BAppSci(HlthAdmin) ADipBusMgt GAICD GC-HLTHSM. Chief Executive Officer, Postgraduate Medical Council of Victoria.

**Ms Kirsty White**, Director, Accreditation and Standards, Australian Medical Council.

**Ms Tahlia Christofersen**, Accreditation Officer, Prevocational Accreditation, Australian Medical Council.

## Appendix Two Groups met by the 2023 AMC Team

Location	Meeting
<b>Teleconference – MS Teams</b>	
<i>Tuesday 2 May 2023 – Dr Georga Cooke, Dr Daniel Zou, Ms Julie Hatty, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Western Australia Department of Health	Chief Medical Officer Operations Manager
<b>Teleconference – MS Teams</b>	
<i>Wednesday 3 May 2023 – Dr Georga Cooke, Dr Daniel Zou, Ms Julie Hatty, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Observation of PMCWA Accreditation and Standards Committee meeting	Chair, Members
<b>Teleconference – MS Teams</b>	
<i>Wednesday 10 May 2023 – Dr Georga Cooke, Ms Julie Hatty, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Observation of PMCWA accreditation visit to Fiona Stanley Hospital	Various meetings
<b>Midland, Western Australia</b>	
<i>Wednesday 17 May 2023 – Dr Georga Cooke, Professor John Vassiliadis, Dr Daniel Zou, Ms Julie Hatty, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation of PMCWA accreditation visit to St John of God Midland Hospital	Various meetings
<b>Perth, Western Australia and Teleconference – MS Teams</b>	
<i>Thursday 18 May 2023 – Dr Georga Cooke, Professor John Vassiliadis, Dr Daniel Zou, Ms Julie Hatty, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Senior Executive staff of PMCWA	Chair, PMCWA Manager, PMCWA
Health Department staff	Acting Deputy Director-General and Chief Medical Officer, Prevention Division
Doctor's Welfare Interest Group	Chair

<b>Location</b>	<b>Meeting</b>
PMCWA Council	Chair Accreditation and Standards Committee Chair Representative for non-government hospital and PMCWA Education Committee Chair Medical School Dean representative Surveyor representative Member with understanding of general practice training and its link with prevocational training Community representative
PMCWA Accreditation and Standards Committee	Chair Chair, PMCWA Director of Postgraduate Medical Education, St John of God Midland, Previous PMCWA Chair and lead surveyor Director of Prevocational Medical Education, Joondalup Health Campus, Surveyor representative Junior Medical Officer Forum Co-Chair Junior Medical Officer
Directors of Clinical Training and Directors of Medical Education	Director of Clinical Training, Bunbury Hospital Director of Clinical Training, Kalgoorlie Regional Hospital Director of Clinical Training, Sir Charles Gairdner Hospital Acting Director of Postgraduate Medical Education and Director of Clinical Training, Perth Children's Hospital Director of Postgraduate Medical Education, Armadale Health Service Director of Postgraduate Medical Education, St John of God Midland Director of Postgraduate Medical Education, Rockingham General Hospital Director of Medical Education, WA Country Health Service
Director of Clinical Services	Director of Clinical Services, Fiona Stanley Hospital Director of Clinical Services, King Edward Memorial Hospital Director of Clinical Services, Perth Children's Hospital Director of Clinical Services, WA Country Health Service Director of Clinical Services, North Metropolitan Health Service Director of Clinical Services, Royal Perth Hospital Director of Clinical Services, St John of God Murdoch Deputy Director of Clinical Services, Armadale Health Service Deputy Director of Clinical Services, Royal Perth Hospital

<b>Location</b>	<b>Meeting</b>
Junior Medical Officers	Intern, Sir Charles Gairdner Hospital Intern, Bunbury Hospital Intern, Geraldton Regional Hospital Resident Medical Officer, Rockingham General Hospital Resident Medical Officer, Fiona Stanley Hospital Resident Medical Officer/Registrar, Kalgoorlie Regional Hospital Junior Medical Officer Forum Co-Chair, Resident Medical Officer, Fiona Stanley Hospital Intern
<i>Friday 19 May 2023 – Dr Georga Cooke, Professor John Vassiliadis, Dr Daniel Zou, Ms Julie Hatty, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
PMCWA Staff	Senior Project Officer Senior Program Officer Program Officer Program Officer
WA Board of the Medical Board of Australia and Ahpra	State Manager, Chair, WA Board of the Medical Board
Medical Schools	Dean, University of Notre Dame Fremantle Dean, University of Western Australia Dean, Curtin University
Medical Education Officers	Medical Education Officer, St John of God Subiaco Medical Education Officer, Royal Perth Hospital Medical Education Officer, Joondalup Health Campus Medical Education Officer, WA Country Health Service Medical Education Officer, WA Country Health Service Medical Education Officer, Northam Health Campus Medical Education Officer, Rockingham General Hospital Medical Education Officer, Sir Charles Gairdner Hospital Medical Education Officer, Karratha Health Campus
Accreditation Assessors	Lead (Consultant) Lead (Consultant) Lead (Consultant) Support (Medical Advisory) Support (Deputy Director Medical Service) Support (Medical Education Officer) Support (Medical Education Officer) Support (Medical Education Officer) Support (Medical Education Officer) Trainee (Registrar)

<b>Location</b>	<b>Meeting</b>
Term Supervisors	Sir Charles Gairdner Hospital Sir Charles Gairdner Hospital Fiona Stanley Hospital Fiona Stanley Hospital Fiona Stanley Hospital Royal Perth Hospital Royal Perth Hospital Royal Perth Hospital Armadale Health Service
Debrief with PMCWA Executive	Chair, PMCWA Manager, PMCWA





