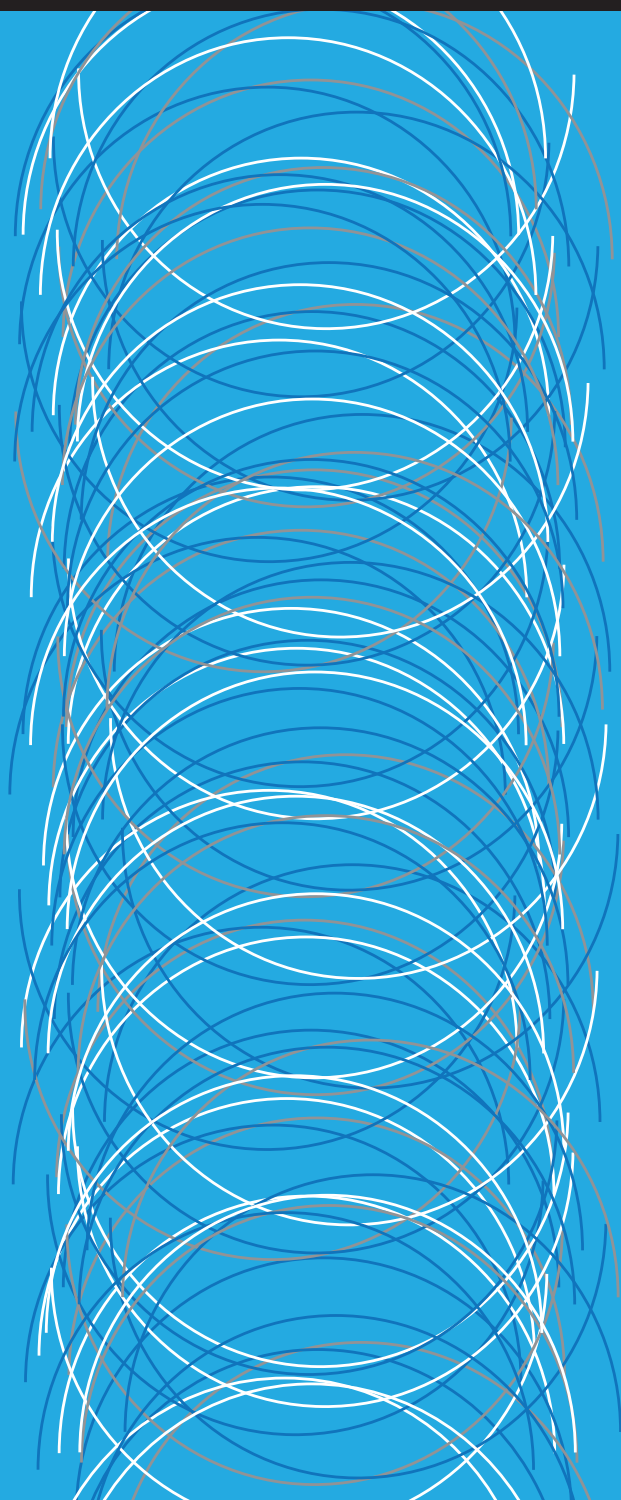


Australian Medical Council Limited

Accreditation Report:  
Postgraduate Medical Council of  
Western Australia

AMC



Prevocational Standards Accreditation Committee  
December 2015

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ABN 97 131 796 980  
ISBN 978-1-925829-06-8  
Digital edition August 2018

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PO Box 4810  
KINGSTON ACT 2604  
AUSTRALIA

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## 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, the intern training accreditation authority for Western Australia.

In August 2015, 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, 2013*. 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*.

The team reported to the AMC Prevocational Standards Accreditation Committee in November 2015. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 14 December 2015.

### Decision on accreditation

The AMC's finding is that the Postgraduate Medical Council of Western Australia meets the domains for assessing intern training accreditation authorities.

The December 2015 meeting of Directors resolved:

- (i) That the Postgraduate Medical Council of Western Australia (PMCWA) be accredited as an intern training accreditation authority for five years, to 31 March 2020, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:
  - (a) By the 2016 progress report to the AMC, evidence that PMCWA has addressed the conditions from the accreditation report relating to the following domains and attributes:
    - Attribute Develop a formal process for recording conflict of interests in all meeting minutes to mitigate against the risk of appeal. (Attribute 2.1)
    - Provide any updates on human resources and internal processes within PMCWA that may impact on sustainability of accreditation. (Attribute 3.1)
    - Report on continued efforts to manage the number of available surveyors. (Attribute 4.2)
    - Report on ongoing review of accreditation processes to ensure sustainability, including review of length of accreditation cycles and frequency of follow up visits. (Attribute 4.4)
    - Engage health consumers and community members in PMCWA accreditation functions. (Attribute 5.1)

The accreditation relates to the Postgraduate Medical Council Western Australia's work as the intern training accreditation authority for Western Australia.

In 2019, before this period of accreditation ends, the AMC will seek a comprehensive report from the Postgraduate Medical Council of Western Australia. The report should address the requirements of the *Intern training – Domains for assessing accreditation authorities* and outline PMCWA's development plans for the next three years. The AMC will consider this report and, if it decides PMCWA is continuing to satisfy requirements, the AMC Directors may extend the

accreditation by a maximum of three years (to March 2023), taking accreditation to the full period which the AMC will grant between assessments, eight years.

Before this extension ends, an AMC team will conduct a reaccreditation assessment.

### Overview of findings

The key findings of the 2015 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 finding 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 the specified timeframe.

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 1 – Governance</b>	<b>Met</b>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• The improved clarity of governance structures and membership of committees. (1.1)</li> <li>• The strong relationship with the Western Australian Department of Health. (1.3)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Further work to define the relative roles of Council and Executive Committee, and the frequency and function of meetings. (1.1)</li> <li>• Consider developing Key Performance Indicators (KPIs) for Council, as part of a broader strategic planning. (1.1 and 1.3)</li> <li>• Consider cost effectiveness of processes in light of increased accreditation load which will put pressure on the intensity of accreditation processes. (1.3)</li> <li>• Define the process for appointing members to the Executive Committee. (1.5)</li> <li>• Continued monitoring of the impacts of the decrease of size in Council membership. (1.6)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>• Describe any changes / evolution of the relative roles of Council and Executive Committee, and the frequency and function of meetings. (1.1)</li> </ul>

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 2 – Independence</b>	<b>Met</b>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>The PMCWA operates independently, and the team were impressed by the examples of rigorous review. (2.1)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>Consider the overlap of roles between Council, the Executive Committee and the Accreditation and Standards Committee, specifically the Chair. (2.2)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>Develop a formal process for recording conflict of interests in all meeting minutes to mitigate against the risk of appeal. (2.1)</li> </ul>
<b>Domain 3 – Operational management</b>	<b>Met</b>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>The support provided by the staff to effectively and efficiently manage the accreditation process and support the work of surveyors and committees. (3.1)</li> <li>Effective leadership from the PMCWA manager, supported by the PMCWA Chair. (3.1)</li> <li>Current staff stability and increased resources to manage the heavy accreditation workload. (3.1)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>Review of processes as part of broader strategic planning to ensure processes remain sustainable and cost effective. (3.2)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>Provide any updates on human resources and internal processes within PMCWA that may impact on sustainability of accreditation. (3.1)</li> </ul>
<b>Domain 4 – Accreditation processes</b>	<b>Met</b>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>Training and support of surveyors including efforts to assist prevocational doctors in gaining leave to participate in accreditation activities. (4.2)</li> <li>PMCWA's strong commitment to ongoing quality improvement of intern training in the state supported by robust and meticulous accreditation processes. (4.5)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>Report on continued efforts to manage the number of available surveyors. (4.2)</li> <li>Report on ongoing review of accreditation processes to ensure sustainability, including review of length of accreditation cycles and frequency of follow up visits. (4.4)</li> </ul>

Domain with commendations and recommendations for improvement	Findings and conditions
<p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Enhance communication about the availability of documentation about accreditation requirements and procedures on the website. (4.1)</li> <li>• Enhance review of survey team member performance. (4.2)</li> <li>• Consider mechanisms to ensure Junior Medical Officers' (JMO) confidentiality and anonymity is maintained during the accreditation process. (4.4)</li> <li>• Report on the finalised definition of 'significant change' and communication to health services. (4.7)</li> <li>• Consider mechanisms to enhance communication with the wider body of junior doctors (i.e. those outside of the JMO Forum) with regards accreditation decisions. (4.9)</li> </ul>	
<p><b>Domain 5 – Stakeholder collaboration</b></p>	<p><b>Met</b></p> <p>5.1 <i>Engagement with stakeholders</i> is substantially met</p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• Excellent stakeholder engagement and involvement. PMCWA has a high profile and excellent reputation. (5.1)</li> <li>• Efforts to streamline accreditation across organisations (e.g. in conjunction with General Practice training). These are encouraged to be explored elsewhere. (5.3)</li> <li>• Extensive informal collaboration with other accreditation bodies. (5.3)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Explore other opportunities to streamline accreditation across organisations. (5.3)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>• Engage health consumers and community members in PMCWA accreditation functions. (5.1)</li> </ul>



## 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 new 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 framework was developed by the AMC, in conjunction with stakeholders, on behalf of the Medical Board of Australia.

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.

In 2015, the AMC and the Medical Board of Australia agreed to minor changes to the *Intern training – Domains for assessing accreditation authorities* to clarify the requirements of the current standards and domains. A summary of the changes are provided below:

- Domain 1 Governance: to reflect that most intern training accreditation authorities are not independent legal entities. This change makes the requirement more flexible than it is currently.
- Domain 2 Independence: to describe in the notes the range of purchasers of intern accreditation services.
- Domain 3 Operational Management: to describe in the notes the expectation that intern training accreditation authorities will be able to draw on additional resources in changed circumstances, such as an unforeseen accreditation load.
- Domain 5 Stakeholder collaboration: to expand in the notes the need for cooperation between the authority and state health department and other authorities or providers, and clear strategies for communication about changes.

A summary of the key documents in the national intern training framework is provided below and the documents are available at: <http://www.amc.org.au/accreditation/prevoc-standards>.

Framework document	Summary
Intern training – Domains for assessing accreditation authorities 2015	Outlines the criteria the AMC uses to assess intern accreditation authorities. Minor changes were made to this document in 2015.
Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC 2013	Describes the procedures for assessment of intern training accreditation authorities by the AMC.
Intern training – National standards for programs	Outlines requirements for processes, systems and resources that contribute to good quality intern training. Intern accreditation authorities' standards should map to these minimum requirements.
Intern training – National guidelines for terms	Outlines the experience that interns should obtain during terms. It builds on the Medical Board of Australia's registration standard.
Assessing and certifying completion	Contains the national standards relating to assessment, good assessment practice principles, and outlines remediation processes that would satisfy the national requirements. The national requirements are mandatory from 2015.
Term assessment form	A nationally available term assessment form designed to facilitate assessment against the intern outcome statements.
Intern outcome statements	States the broad and significant outcomes that interns should achieve by the end of their programs.

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 Australian Health Ministers' Advisory Council, the Confederation of Postgraduate Medical Education Councils, and the Medical Board of Australia. The Committee also includes members experienced in AMC accreditation and examination processes, junior doctor and international medical graduate members, a member with background in and knowledge of health consumer issues, and a director of clinical training.

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 (PMCWA)**

The Postgraduate Medical Council of Western Australia (PMCWA) is the intern training accreditation authority for Western Australia. PMCWA was established in 2003 to facilitate the education and training of prevocational doctors.

In 2013, the AMC set up a process to conduct a paper review of all the intern training accreditation authorities so that they had appropriate recognition when the new national intern training framework was implemented in 2014. The process required submission of an initial report to the AMC addressing the five domains (governance, independence, operational management, accreditation procedures and stakeholder collaboration) from the *Intern training - Domains for assessing accreditation authorities*.

PMCWA submitted its report to the AMC for initial accreditation in 2014. On advice from the Prevocational Standards Accreditation Committee, the March 2014 meeting of AMC Directors agreed that it was reasonably satisfied that PMCWA met the domains for assessing accreditation authorities. Directors granted initial accreditation to the PMCWA as the intern training accreditation authority for Western Australia, with accreditation to continue until an AMC team completed an assessment of the intern training accreditation services in 2015.

This report details the 2015 assessment of the 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 November 2014, 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 6 July 2015 to consider PMCWA's submission and to plan the review.
- A subset of the AMC team observed PMCWA's survey visit to Fiona Stanley Hospital in Perth on 11 August 2015.
- The team met PMCWA staff, PMCWA members, education and accreditation sub-committees and selected stakeholders on 12 and 13 August 2015.
- The team provided feedback to PMCWA staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited PMCWA to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.
- The report and the comments of PMCWA were considered through the AMC's committee processes.

**Appreciation**

The AMC thanks PMCWA 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 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 August 2015.

The groups met by the 2015 AMC team are listed at Appendix Two.

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

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**Domain requirement:** 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. [Amended: 24 June 2015]
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs relative to other activities.
- 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 The 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. [Amended: 24 June 2015]

The Postgraduate Medical Council of Western Australia (PMCWA) is the intern training accreditation authority for Western Australia. The Western Australian Minister for Health established PMCWA in 2003 to facilitate the education and training of prevocational doctors.

PMCWA now has responsibility for the following:

- Developing guidelines and protocols for the education and training of pre-vocational doctors and other medical practitioners not in vocational training programs.
- Setting standards for pre-vocational training positions.
- Accrediting and monitoring medical training positions for pre-vocational doctors: postgraduate years 1, 2 and 3/plus (PGY1, PGY2 and PGY3/+).
- Monitoring and advising on the supply, distribution and demand for pre-vocational workforce in Western Australia.
- Supporting clinicians and other professionals involved in the education and training of pre-vocational and other non-vocational doctors.
- Advocating on behalf of pre-vocational and other non-vocational doctors on matters that impact on their health and welfare.

The current scope of PMCWA accreditation is defined by the responsibilities delegated by the Medical Board of Australia (WA Board) and the Department of Health Western Australia (WA).

In January 2014, it was discovered that PMCWA, through a clerical error at the time of its inception (2003), was not officially registered as a Ministerial Council despite full Ministerial approval been given. PMCWA resubmitted the cabinet papers for the establishment as a Ministerial Council and received Ministerial Approval to progress the establishment of PMCWA as a Ministerial Council while the cabinet submission was being developed. Under the belief that PMCWA was formally established as a Ministerial Council, PMCWA has continued to develop strategic and operational

plans, produced annual reports which have been presented to the Minister and Council members, presented bi-annual reports on progress against the operational plans to the Minister and performed according to the functions initially described as requisite for a Ministerial Council. PMCWA revised its terms of reference and these were adopted by the Council at the March 2014 meeting.

On 4 May 2015, PMCWA was formally established as a Ministerial Council. It is not a legally constituted body; however it operates under a set of independent governance rules; that are separate to those of the Department of Health, under which PMCWA sits.

The PMCWA is governed by a 13-member Council. The terms of reference outline that the Council's function is to act in accordance with the Health Practitioner Regulation National Law and is accountable to the Minister for Health via the Chief Medical Officer (acting on behalf of the Director General of Health). The recommendations for appointment to Council are made by the Director General of Health and agreed by the Chair of Council, who is responsible for seeking Ministerial approval. Members are appointed for a three year terms and are eligible for reappointment for subsequent terms.

Currently the Council meets twice per year, however during the assessment visit PMCWA indicated that the frequency of meetings is being reviewed, perhaps with the intention of increasing the number of meetings annually.

The Council is supported by a number of sub-committees including an Executive Committee, Accreditation and Standards Committee, Education Committee, Junior Medical Officer (JMO) Forum and Medical Education Officer (MEO) Forum.

The Executive Committee is accountable to the Council for policy and operational decisions and has delegated authority from Council to confirm accreditation decisions. The Executive Committee meets bi-monthly, but will meet as frequently as is necessary to fulfil the mandate of the Council. The Accreditation and Standards Committee is responsible for the development of standards and accreditation of training positions and institutions. The Committee meets eight times a year. The Junior Medical Officer (JMO) Forum (Forum) is an advisory subcommittee and is composed of elected representatives of interns and resident medical officers (RMOs). The Forum enables JMO involvement and representation on relevant PMCWA committees.

The team notes that the position of Chair on Council, the Executive Committee and the Accreditation and Standards Committee is held by the same individual. The team heard that the Deputy Chair of the Accreditation and Standards Committee attends the Executive and Council meetings to present the reports of the Committee instead of the Chair. The team acknowledges that the same individual holding multiple roles at multiple levels has been important to ensure stability and provide corporate knowledge through a challenging period, however the team recommends this requires further consideration. PMCWA has indicated it will consider the overlap of these positions once the major changes to health services in Perth have been completed, following the opening of the Perth Children's Hospital in mid-2016. This is discussed in further detail under domain 2.2 relating to managing conflicts of interest.

The day to day management of the Council is undertaken by the PMCWA secretariat. The professional staff comprise of a Manager, two Program Officers and an Administration Officer, who sit within the Office of the Chief Medical Officer. The secretariat reports administratively to the Department of Health, however all matters related to the strategic objectives of Council are reported to the Chair.

The team acknowledges that PMCWA's governance structures and processes are evolving. The team commends the work completed to date on clarifying the governance structures and membership of Committees. The team recommends that PMCWA continue to define the relative roles of Council and Executive Committee, and the frequency and function of meetings.

PMCWA's strategic plan *Strategic Directions for Prevocational Medical Education and Training in Western Australia 2013-2017* provides direction and strategies for addressing the increasing number of medical graduates entering prevocational training in WA. PMCWA has identified four key priority areas: leadership and governance; development and accreditation of training posts; education, supervision and assessment; and career transition and support. The team commends PMCWA on the development of this document. The team recommends that PMCWA consider the development of key performance indicators for Council, as a part of broader strategic planning.

## **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 relative to other activities.

PMCWA has a broad remit to provide support, advice and leadership across the prevocational years. This includes accreditation of both intern and PGY2+ posts in both private and public settings.

PMCWA's governance structures support the priority of intern accreditation. The Council's terms of reference state that the accreditation and monitoring of medical and prevocational training positions is a key responsibility. The Accreditation and Standards Committee's core function is the accreditation of training positions and implementation of the accreditation program. The Committee reports to the Executive Committee and Council on accreditation decisions.

PMCWA's commitment to intern training accreditation is further supported by its response to the increased accreditation workload in recent years with an increase in the number of professional staff and postponing or reprioritising other activities in order to manage the workload. There are three professional staff members dedicated to accreditation activities, in addition to the Chair and the Manager.

Despite PMCWA's broad remit, the team considered that PMCWA gives appropriate priority to the accreditation of intern training programs and that PMCWA's other activities are generally supporting and complementary to its accreditation activities.

## **1.3 Business stability**

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

PMCWA is primarily funded by the Western Australian Department of Health. PMCWA also receives funding from Australian Health Practitioner Regulation Agency (AHPRA) for the accreditation of intern posts. The team noted the funding arrangement for PMCWA is similar to that of intern accreditation authorities in Australia.

The team noted that over the period for which financial statements were provided to the team expenses did not exceed income.

PMCWA has increased staffing levels from 5.5FTE in 2011 to 8.5FTE in 2015. All positions, except 0.75FTE (AHPRA funded), are funded by the Department. With increased workload associated with the opening of three new hospitals in Western Australia in 2014-16, PMCWA secured funding for an additional 1.0FTE program officer for 12 months.

PMCWA indicated that working closely with the Department of Health on workforce matters has enhanced its profile and contributed to continued support and funding.

The team considered that there is good evidence of business stability and no indication that there will be significant resourcing issues in the foreseeable future. Given the rising number of intern positions and ongoing high demands for accreditation, the AMC recommends that PMCWA continue to carefully monitor its staffing requirements.

The team was assured that PMCWA and the Department of Health are committed to jointly facing the coming challenges relating to expansion in the number of intern places in Western Australia, and have maintained financial viability under increasing pressures to date. The team considered that the cost of accreditation will increase with the expansion. This will put pressure on the current intensity of accreditation processes and therefore highlights the need for cost effectiveness and efficiency. This is discussed further under attribute 4.4.

#### **1.4 Financial arrangements**

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

Administration of PMCWA sits within the Department of Health and as such PMCWA's financials are managed and audited by the Department. In meeting the Department's financial requirements PMCWA is considered to meet relevant Australian accounting and financial reporting standards.

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

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

The central governing body of PMCWA is the Council. The membership provision and selection processes for the Council are described in the Council's Terms of Reference.

The process for appointment to Council involves invitation or nomination and varies depending on the membership category. The Council is largely made up of representatives from stakeholder groups such as medical schools, health services, directors of postgraduate medical education, the Junior Medical Officers Forum, the AMA Doctors in Training and medical colleges. Nominations from these representative groups are requested by the Chair of Council. Recommendations for appointment of Chair and Ministerial delegate are made by the Minister of Health. Nominations for college representatives are sought from the Royal Australasian College of General Practitioners (RACGP), the Royal Australasian College of Physicians (RACP) and the Royal Australasian College of Surgeons (RACS). The Chief Medical Officer and Chair of the Western Australian Board of the Medical Board of Australia are automatically members of Council.

The team was informed that the process for selecting the Council Chair would involve a process of expressions of interest with appropriate candidates shortlisted and presented to the Minister.

PMCWA indicated that in negotiations to establish the Ministerial Council, the Minister and Director-General of Health indicated a maximum number of members and in order to maintain broad input, the Council decided to co-opt members. Ex-officio members of Council include the Medical Board and the Medical Directors Forum, the Manager of PMCWA and the Chairs of the Accreditation and Standards Committee and Education Committee. PMCWA Council also allows for experts to be invited to attend meetings of Council who are not entitled to vote; these include representatives from Western Australian General Practice Education and Training, medical school student societies, accreditation surveyors and the Department of Health Medical Workforce.

The positions on Council are representative. However in making appointments to Council, PMCWA indicated that consideration is given to ensuring there is an appropriate balance of skills, qualifications or experience in the membership. The team was unclear about how PMCWA ensures this balance and appropriate diversity with organisations nominating the representatives.

The Executive Committee is accountable to the Council for policy and operational decisions and has delegated authority from Council to confirm accreditation decisions. Positions on Executive are representative members appointed by invitation/nomination for terms of three years and eligible for reappointment for subsequent terms. The process for selection and appointment to the Executive Committee is not clear from the Terms of Reference. The team suggests that PMCWA update this.



Selection to the Accreditation and Standards Committee is described in the Committee's terms of reference. The membership of the Accreditation and Standards Committee is endorsed by the PMCWA Chair and Accreditation and Standards Committee. The Committee is comprised of representatives from a number of stakeholder groups. Member organisations/stakeholder groups are allowed to appoint multiple representatives to the Committee. The Chair and Deputy Chair of the Committee are appointed by Council. The Former Chair PMCWA is also a member of the Committee. The team noted that there was no length of term for the Committee provided in the terms of reference.

The team considered that the processes for selection of the governing body are documented and appear to be transparent. There is a broad stakeholder involvement.

## **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 governance arrangements of PMCWA provide input from stakeholders including health services, intern supervisors and interns.

Members of Council include junior doctors who are representative of the Australian Medical Association Doctors in Training (AMA DIT), intern supervisors who are representatives of medical directors, medical colleges (RACP, RACGP and RACS) and representatives of health services (private hospitals, WA Country Health Service).

The Council previously had 23 members and in the process of establishing the Ministerial Council in 2015 the membership was reduced to 13. The team noted that in reducing the number of Council members there has been a change in the stakeholder representation on Council, for example medical school student society representatives are now non-voting members. PMCWA has derived a mechanism of co-opting to ensure breadth of stakeholder input. The team recommends that PMCWA monitor the impact of the changes in membership provisions.

Membership of the Accreditation and Standards Committee includes representatives from the PMCWA JMO Forum, AMA DIT committee, directors of clinical training, medical education officers, intern supervisors, directors of postgraduate medical education and health services. Similarly membership of other PMCWA committees, including the Executive Committee and Education Committee, also provide for input from different stakeholder groups.

PMCWA also seeks input from stakeholders through regular meetings with relevant groups (including with the Chief Medical Officer and medical workforce executive at the Western Australian Department of Health), an annual surveyor workshop, an annual education symposium and involvement in the development of four yearly plans and at an annual operational planning day. PMCWA has a strong working relationship with the Western Australian General Practice Education and Training (WAGPET).

The team considered there was appropriate representation of stakeholders in governance arrangements, including through proxy and co-option. As noted above the decrease in Council membership size will need ongoing monitoring to ensure the balance and breadth of stakeholder representation remains appropriate.

## 2 Independence

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**Domain requirement:** 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.

PMCWA is able to operate independently in its accreditation functions. PMCWA exists within the Western Australian Department of Health and has reporting functions to, and is funded by, the Department. The team noted that this is not an unusual arrangement for intern accreditation authorities. However, the team considered that PMCWA was able to demonstrate the independence of its decision making.

PMCWA has processes and structures to ensure independence and avoid undue influence. These processes include levels of decision making with wide-stakeholder input, consideration of conflicts of interests and assessment against standards. Processes for ensuring independence of accreditation decisions include:

- Accreditation and Standards Committee meetings are opened with a declaration of conflict of interest.
- Surveyors will not undertake surveys at sites in which they have a real or perceived conflict of interest.
- Surveyors undertake site visits and complete a report outlining recommendations following the accreditation survey. Any conditions requiring follow up or attention are documented.
- The Accreditation and Standards Committee assesses each report and provides comment and recommendations.
- Accreditation outcomes, concerns and projects are reported to the Executive Committee. The Executive Committee has authority from Council to confirm decisions of the Accreditation and Standards Committee. The Executive Committee can refer altered decisions back to the Accreditation and Standards Committee and request resurvey of accredited terms and organisations.
- Accreditation outcomes, concerns and projects are reported to the Council as part of the Accreditation and Standards Committee report. Council also has authority to request further information and trigger accreditation reviews by the Accreditation and Standards Committee.
- Reports stating new, reaccredited and any de-accredited PGY1 positions are forwarded to the Medical Board of Western Australia each quarter and any recommendations are discussed at the quarterly face to face meetings.

The team noted that PMCWA's record of accreditation decisions indicates a willingness not to approve accreditation or to only provisionally approve accreditation, where a program fails to meet the required accreditation standards. The team was impressed by the specific examples

provided during the assessment visit of PMCWA's rigorous review of terms and of cases when terms were discredited when they were not meeting the expected standards. Stakeholders the team met with also appeared to have confidence in the rigour and transparency of the accreditation processes. While overlapping membership as outlined under attribute 1.1 has the potential for perceived undue influence, the team noted the processes in place (see attribute 2.2) to effectively manage this. Nonetheless, the team believes that this can further be strengthened by minimising overlapping membership between Council and its various committees, particularly in appointments to the positions of Chair and Deputy Chair.

## 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.

PMCWA has clear policies, as detailed in the *Confidentiality and Conflict of Interest* policy, which are applied to members of committees and surveyors.

All appointed surveyors and committee members must complete a *Confidentiality and Conflict of Interest Agreement* prior to commencing in the appointed role. The *Confidentiality and Conflict of Interest* Policy indicates that the obligation to disclose an actual, apparent or potential conflict of interest is ongoing and an individual who acquires an interest that could conflict with their functions must disclose it.

Conflicts of interest may include:

- Current or previous employment (< 6 months) at the primary, placement health service or hospital group to be surveyed.
- Future (< 6 months) employment at the primary, placement health service or hospital group to be surveyed.
- Current application for employment at the organisation to be surveyed.
- Close personal or professional relationship with an individual(s) at the organisation to be surveyed and including Primary Employing Health Services (PEHS).
- Professional or financial involvement in the hospital, health service of PEHS.

The *Confidentiality and Conflict of Interest* policy also includes provisions to exclude members of PMCWA, including the Accreditation and Standards Committee and Council, who have a real or potential conflict of interest from particular accreditation decisions. The policy indicates that if a member is asked to remain present to report to the committee, they do not participate in the decision making process.

The team noted that all committee meetings are opened with a declaration of conflict of interest. However, in samples of committee meeting minutes provided to the team the specific conflicts raised were not documented, rather just stating that conflicts were 'declared by all'.

As discussed under domain 1, the PMCWA Chair, is also the Chair of the Accreditation and Standards Committee, the Executive Committee and a lead surveyor. PMCWA indicated that the appointment of PMCWA Chair to multiple positions within PMCWA was made due to a lack of suitable candidates and that there had been value in the duality of the role in supporting the timely management and resolution of issues. It was also reported there is no capacity for funded sessions for the Chair of the Accreditation Committee without a reduction in FTE allocated to the Chair of the Council. PMCWA indicated there are oversights and checks incorporated into the terms of reference and decision making protocols that limit undue influence by the Chair. While it is acknowledged that the same individual holding multiple roles at multiple levels has been important to ensure stability and provide corporate knowledge through a challenging period, the team recommends this requires further consideration. As noted under domain 1, PMCWA has

indicated it will consider the overlap of these positions after the opening of the Perth Children's Hospital in mid-2016.

The team also had some concerns about how conflict of interest is managed at the Accreditation and Standards Committee, Executive Committee and Council level. Although the team heard no evidence of the suggestion of conflict of interest, PMCWA does have the same people at multiple levels in its decision making processes. The team recommends that PMCWA develop a more explicit and formal process for documenting conflict of interest in its meeting minutes, which could mitigate against any risks of appeal.

The procedures for management of conflicts of interest for surveyor are described under attribute 4.3.

### 3 Operational management

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**Domain requirement:** 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.

Management of the functions of PMCWA are undertaken by the Manager and the Chair of Council. Functions of the Manager include financial management as well as human resource management.

The secretariat of the Council is provided with an annual budget from the Western Australian Department of Health. The Manager provides regular reports against the budget and budget forecasts in accordance with Departmental process. Included in the PMCWA budget are resources for sessional payments to surveyors as well as a travel budget for intrastate rural and remote survey visits.

PMCWA has increased staffing levels from 5.5FTE in 2011 to 8.5FTE in 2015. As discussed under domain 1, PMCWA has experienced increased demand for accreditation activities in response to an increase in the number of intern positions and the opening of new hospitals in Western Australia. An additional 1.0FTE program officer has been funded for 12 months only to deal with the increased accreditation workload. It is expected there will be ongoing high demands for accreditation activities given the rising number of intern positions and the team recommends that PMCWA continue to monitor its staffing levels.

The team noted the major resource issue for the secretariat over the last couple of years had been the high staff turnover, which led to a backlog of accreditation actions, and a need to divert staff from the accreditation program to other work areas. During the assessment visit, the team heard that staffing levels are now stable. Both surveyors and committee members interviewed by the team indicated they are well supported by PMCWA staff and they operate effectively and efficiently. There was also evidence that effective leadership is provided by the PMCWA Manager, and supported by the PMCWA Chair.

PMCWA acknowledged that surveyor availability has also been a significant risk for the accreditation program. Surveyors comprise of a small number of paid lead surveyors as well as a pool of volunteer surveyors. The team noted that PMCWA is taking action to address limited surveyor availability and manage the increase in accreditation workload. The program has heavily relied on two paid lead surveyors for an extensive period. However due to personal circumstances both recently withdrew from their positions. PMCWA indicated it is undertaking the following activities to manage this risk:

- Scheduling surveys with considerable lead time to maximise survey availability
- Fast tracking training for trainee and support surveyors

- Improving the liability cover for paid surveyors and streamlining administrative management.

The team acknowledged that PMCWA's plans to manage this risk are appropriate however it will require further monitoring to ensure the increased accreditation workload is managed. This is also discussed under Domain 4.

PMCWA indicated that it works closely with the Department of Health and that there is no indication that there will be any significant resourcing issues in the foreseeable future. The team agreed management of human and financial resources is likely to be an ongoing challenge for PMCWA and will require ongoing monitoring.

### **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.

PMCWA has mechanisms for monitoring and improving its accreditation processes as well as identifying and managing risk.

The accreditation process includes an evaluation of the accreditation process, which seeks feedback from the medical education unit staff, facility staff who met accreditation surveyors, accreditation team surveyors and PMCWA staff who supported departments/units undergoing accreditation.

Systems to improve intern training accreditation processes include drawing on feedback from surveyors (including the annual surveyor workshop), the Committee, surveys conducted and other stakeholders (including informal feedback).

The systems for identifying and managing risk are described in PMCWA's risk management policy and Risk Management Framework. PMCWA Policy Framework ensures a systematic and regular review of policies. PMCWA also manages a risk register.

PMCWA maintains a number of data sets to track accreditation information. These are as follows:

- Accreditation and Standards Committee action register which records outstanding items and actions for the previous meeting
- Accreditation actions and surveys workbook which records accreditation actions and dates, surveyor progress and status, outstanding actions, and ideas for process improvement
- Accreditation review table database which records accredited sites and terms
- Evaluations of accreditation surveys dataset which records feedback sought from all participants after each survey
- Risk register which records any risks, action taken and the outcome of the action taken.

The team was impressed by the comprehensive nature of the risk management register. The team noted there was no dataset to track reporting of change of circumstances as defined in accreditation guidelines. This is discussed under attribute 4.6 around monitoring of intern training providers.

As discussed under attribute 3.1, the team considers there is a need for active ongoing management of risks relating to the availability of human, as well as financial resources.

Monitoring and improving intern training accreditation processes is challenging when the workload is high. However the team felt that a 'step back' review is an important part of broader strategic planning – to ensure that these processes remain robust, sustainable and cost effective.

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

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

PMCWA has systems for data retention and information management, including ensuring confidentiality. PMCWA complies with HDWA requirements on record keeping and storage.

As discussed under attribute 1.6, PMCWA and WAGPET collaborate in training post accreditation for the placement of doctors in WA. PMCWA has a memorandum of understanding with WAGPET which also outlines the information sharing arrangements and outlines a requirement for confidentiality to be preserved.

The processes for ensuring the secure management of accreditation documents accessed by surveyors are detailed in the PMCWA accreditation Surveyor Code of Conduct. It covers the following:

- All documents and other resources must only be used for accreditation and reporting purposes
- All information acquired during the accreditation process must be stored by the surveyor securely
- All notes, information and recorded actions taken during the accreditation process must be sent back to PMCWA or properly and securely disposed of.

The PMCWA secretariat manages an accreditation email account which is used for all correspondence relating to the accreditation program. Access to the account is restricted to the secretariat and emails are archived in soft and hard copy versions.

PMCWA accreditation staff, committee members and surveyors are required to sign a confidentiality agreement prior to commencement in their appointed role. Provisions exist to preserve anonymity in the review of complaints put forward by junior doctors and other staff.

The team noted that PMCWA's confidentiality provisions and the processes for the secure destruction of records predominately relate to surveyors and the Accreditation and Standards Committee. The team recommends that these policies be extended to cover other areas of PMCWA accreditation activities, such as the Executive Committee and the Council.

## 4 Processes for accreditation of intern training programs

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**Domain requirement:** 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 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.
- 4.8 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.
- 4.9 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.
- 4.10 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 provides information about its accreditation requirements and procedures. Specifically, the accreditation section includes information about the accreditation process, the terms of reference and meeting schedule of the accreditation committee, accredited terms, information for potential surveyors and access to accreditation standards and guidelines.



The team considered that PMCWA's documentation regarding accreditation requirements and processes were clear. The team's discussions with stakeholders during the assessment visit identified that PMCWA could enhance communication regarding the information available on the website. The team noted that PMCWA is planning an update to its website which would likely assist in increasing the accessibility of the information available, the update to the website discussed further under attribute 2.

PMCWA is in the final stages of a project to provide shared access folders for accredited health services with access to the Western Australian Department of Health IT systems. Health service specific folders, maintained by both PMCWA and the accredited health service, will include training program documentation, for example term descriptions, accreditation notices and reports. The team noted that the intention of the shared access folders is to improve document management and availability and assist with information transfer. PMCWA is requested to report to the AMC on the implementation and evaluation of the shared folders.

#### **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.

PMCWA's policies outlining the processes for selecting, appointing, training and reviewing performance of survey team members are included as appendices to the *PMCWA Accreditation Standards Guidelines*.

The *Policy: Accreditation Survey Team Selection Criteria* specifies the survey team selection criteria including composition and size of survey teams.

Surveyors can be drawn from one of three categories: Medical practitioners in active practice, health professionals with interest and expertise in medical education, or professionals who have close and continuous contact with clinical practice and clinical education in the health system.

Recruitment of surveyors can be by nomination by a current accreditation surveyor, self-nomination or invitation by PMCWA. The PMCWA website includes a section for accreditation surveyors and provides information for those interested in becoming a surveyor.

Survey teams are comprised of a minimum of two people and composed of the following:

- 1 **Lead surveyor (required):** a medical practitioner who satisfies requirements for a lead surveyor. This is an appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a Lead Surveyor. In most cases the Lead Surveyor will have completed a minimum of six surveys across a variety of settings.
- 2 **Support surveyor (required):** An individual who has been trained to perform an accreditation survey. Support Surveyors should have participated in at least two accreditation site surveys with a Credentialing Assessment completed by a Lead Surveyor.
- 3 **Trainee surveyor (optional):** on occasions there may be two trainee surveyors if this is approved by the Lead Surveyor and Chair or Deputy Chair of the Accreditation & Standards Committee. An individual who is being assessed to become a surveyor.

The *Credentialing of Surveyors* policy describes principles for the assessment and training of surveyors. The process for becoming a surveyor includes a credentialing and assessment process, with verification of educational and clinical qualifications and consideration of the opinion of at least two professional referees.

Progress to support or lead surveyor requires an assessment by a lead surveyor and is approved by the Accreditation Standards Committee. This assessment can occur after two surveys for

trainee surveyors and six surveys for support surveyors. Lead surveyors are required to complete a minimum of two surveys per annum to maintain their status.

The appointment of survey teams to specific accreditation assessments is coordinated by the PMCWA Secretariat through contacting surveyors and asking for volunteers for specific surveys. In selecting surveyors for survey teams PMCWA indicates it considers conflicts of interest, the experience and skill set required for the specific survey site, involvement of prevocational doctors and medical educators and balance of accreditation workload across the surveyors. The health service undergoing accreditation is given an opportunity to comment on the composition of the survey team.

PMCWA indicates it uses an apprentice type model for team training which includes a period as a trainee surveyor receiving feedback from support and lead surveyors. The team considered that the training and preparation of surveyors was well supported by PMCWA with an annual surveyor workshop, an online surveyor training module, visit experience requirements and reference documents for the surveyors including a handbook and report templates.

The *Accreditation Surveyors Handbook* has been developed for PMCWA surveyors and includes copies of policies, procedures, forms and other documents relevant to surveyor credentialing and appointment. The *Surveyors Handbook* provides a code of conduct which outlines expectations of surveyors including professionalism, that assessments are conducted against standards and according to procedures, the disclosure of conflicts of interest and requirement for confidentiality. The handbook also provides guidance on using reporting templates, the accreditation standards and a number of supporting documents. PMCWA has also developed an online accreditation surveyor training module. The module is intended as a training and reference tool for new and experience surveyors.

The team noted the processes for review of surveyors and considered that opportunities for review of survey team member performance, specifically lead and support surveyors, could be enhanced, for example by external peer surveyors.

The team had the opportunity to observe a team of PMCWA surveyors conducting a follow-up survey of the Fiona Stanley Hospital. The team noted the survey team conducted the process in a collegial and supportive manner. Surveyors were clearly experienced and well prepared for the assessment.

As previously raised under attribute 3.1, PMCWA acknowledged that surveyor availability has also been a significant risk for the accreditation program. Surveyors comprise of a small number of paid surveyors as well as a pool of volunteer surveyors. The team noted that PMCWA is taking action to address limited surveyor availability and manage the increase in accreditation workload. The program has heavily relied on two paid lead surveyors for an extensive period. However due to personal circumstances both recently withdrew from their positions. The team also noted that PMCWA has strict criteria for the appointment and progression of surveyors which it considered might impact the ability to increase the size of the surveyor pool and, with such a heavy accreditation workload in recent years, would continue to result in a heavy reliance on a small number of individuals. The AMC team was advised of PMCWA's strategies to mitigate this risk including scheduling surveys with considerable lead time, fast tracking training for surveyors and improving liability cover for paid surveyors. The team was reassured that PMCWA has been able to successfully recruit and train additional surveyors, however this is an area that will require further monitoring to ensure the increased accreditation workload is managed.

PMCWA teams include involvement of prevocational doctors. The team noted the Fiona Stanley visit that was observed included one junior doctor and that, with the teams split into three, a junior doctor was not present for some components of the visit, including the initial meetings with the Director of Medical Education and Medical Education Officer. The team noted that there is some difficulty in junior doctors obtaining leave to participate in surveys but the junior doctors who met with the AMC team felt well supported by PMCWA to be involved in the processes. The team

encourages PMCWA to continue to identify, train and advocate for junior doctors as accreditation surveyors.

The team considered that PMCWA's processes for the selection, appointment and training of survey team members comprehensive and documented. These processes are well supported by PMCWA staff. Where possible, PMCWA should ensure a junior doctor is routinely a part of the accreditation survey team.

#### **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 previously discussed under attribute 2.2, PMCWA's procedures for identifying, managing and recording conflicts of interests for survey teams are described in the *Confidentiality and Conflict of Interest* policy.

All surveyors and committee members must complete a *Confidentiality and Conflict of Interest Agreement* prior to commencing their role. The *Conflict of Interest Policy* indicates that the obligation to disclose conflicts of interest is ongoing and that an individual who acquires and interest that could be considered a conflict they must disclose this as soon as possible. The PMCWA *Accreditation Surveyor Handbook* Surveyor Code of Conduct also includes statements about the requirement to disclose conflicts of interest, actual, apparent or potential.

Consideration of conflicts of interest is given when appointing surveyors to assessment teams. Potential or perceived conflicts of interest are discussed with the Chair of PMCWA before the relevant member or surveyor participates. Health services undergoing accreditation are given the opportunity to review the proposed membership of a survey team and request a surveyor be replaced if they perceive a conflict.

PMCWA indicates it endeavours to appropriately balance familiarity of the survey team with the term or organisation being assessed. Specifically, that after two to three reviews survey teams may not include surveyors with experience of specific terms or facilities to manage real or perceived reduction in surveyor impartiality.

As noted at attribute 2.2, the *Confidentiality and Conflict of Interest* policy also establishes guidelines for members of the Accreditation and Standards Committee.

The team considered that consideration of conflicts of interests are actively managed by PMCWA in the selection and work of its survey teams and committee members.

#### **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.

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

PMCWA undertakes a pre-accreditation process prior to appointment of a prevocational doctor to any term it has not previously accredited. An accreditation review can be triggered by accreditation expiring, a new term/site or significant change in accredited term/site. PMCWA undertakes on-site accreditation surveys at intervals of no more than 36 months for all accredited terms and facilities.

An overview of the survey process is as follows: The health service prepares documentation for the survey team against PMCWA's accreditation criteria. PMCWA appoints a survey team which visits the health service usually for either one half day or full day and meets with key stakeholders including interns, residents, supervisors, directors of clinical training, medical education officers, heads of departments, sometimes directors of medical services and other relevant staff as required. The survey visit concludes with a briefing between the team and the health service. The survey team then completes a report which includes accreditation status, date of next review and commendations and recommendations. The report is sent to the facility for factual checking and then to the Accreditation and Standards Committee who makes the final decision on the length and status of accreditation.

The accreditation process varies with the specific circumstances of the health service. The *PMCWA Accreditation Standards Guidelines* indicate that accreditation surveys occur at three levels, as described below. The accreditation criteria are broken up into three sections to reflect the three levels of accreditation:

- **Type 1 (Primary Employing Health Service and Prevocational Training Network)** Surveys review the Primary Employing Health Service's (PEHS) prevocational training network as a whole and may occur on the same or a different day to surveys of Primary Placement Health Service (PPHS), Placement Health Service (PHS) or Terms. A Type 1 (PEHS and Prevocational Training Network) Survey:
  - ensures compliance with criteria in section 1
  - 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 (PEHS and Prevocational Training Network) Surveys are not restricted to the PEHS but will occur at PEHS, PPHS and PHS to accredit each health service against the section 1 criteria relevant to its role within the PEHS' prevocational training network.
- **Type 2 (Health Service)** Surveys review a single health service including a site visit and addresses the criteria in section 2. This will occur at PEHS, PPHS and PHS.
- **Type 3 (Term)** Surveys review terms for their compliance with criteria in section 3.

In most circumstances, the PMCWA survey team will assess all terms at an employing or placement authority in one visit.

There is a report template provided to surveyors which provides a checklist against the accreditation criteria for each of the three types of accreditation. The *Surveyor Handbook* also provides specific guidance on the templates for the surveyor teams. The team noted that the structured report results in useful, objective and standardised measures of each term.

The *PMCWA Accreditation Standards Guidelines* describes the three levels of accreditation which may be awarded by the Accreditation and Standards Committee: Full Accreditation, Provisional Accreditation and Accreditation Not Awarded. These indicate the extent to which the assessed term, placement or organisation has met the relevant accreditation criteria. Provisional Accreditation has two sub-levels to enable the Committee to indicate the level of concern regarding non-compliance with the standards: Provisional Accreditation (subject to surveys and reports meeting accreditation criteria) and Provisional Accreditation (accreditation to be withdrawn unless listed conditions are met).

The accreditation criteria listed in the *PMCWA Accreditation Standards Guidelines* have been mapped to the *Intern training – National standards for programs*. The team noted that PMCWA's

criteria were quite detailed and that in the process of mapping the criteria to the national standards that PMCWA had considered the benefits and risks of making their standards less granular. PMCWA indicated that at this stage it was considered that the criteria were at the appropriate level of detail.

The team had the opportunity to observe PMCWA conducting an accreditation survey of the Fiona Stanley Hospital. The assessment consisted of three teams of three surveyors with one lead, one support and one trainee surveyor in each team. Each survey team met with every unit separately and with each individual in the unit e.g. the intern, resident, registrar then consultant. During the assessment the team noted examples of junior doctors' feedback being directly attributed. With interviews conducted in this way the team considered it could threaten the confidentiality of the process. PMCWA should consider mechanisms to ensure JMOs confidentiality is not threatened during the process. Other potential risks of this one-on-one process include interviewing junior doctors who may only have been on a unit for a very short period of time and not having the ability to cross-reference feedback with other junior doctors who have rotated through a given unit.

The team understood that this visit was following on from previous assessments and so was quite focused on specific issues. The team noted that direct feedback was provided at the conclusion of the visit which was provided prior to the full accreditation team having an opportunity to discuss findings from the visit, and also quite specific, for example whether a term could be considered core/non-core, and might have pre-empted decisions made by the Accreditation and Standards Committee. The team recognised that this was a slightly atypical visit in the context of the new hospital requiring all terms to be accredited in a short period of time. The team also heard in some instances that the health services relied on this direct feedback at the time as it enabled them to work towards meeting the requirements before the next follow up visit or report. Recognising that this might have been an atypical assessment, the team considered it was important that the feedback provided at the conclusion of a visit by a survey team is able to encompass the views of various members of the survey team and does not pre-empt the decision of the Accreditation and Standards Committee.

The team considered that PMCWA has a clear commitment to the quality of intern training and junior doctor welfare in Western Australia. The team commended PMCWA's commitment, particularly in visiting the rural centres. While accreditation processes involve robust and meticulous methods including self-evaluation, site visits and surveys, the team felt this detail would require ongoing review to ensure sustainability, including review of length of accreditation cycles and frequency of follow up visits.

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

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

PMCWA's accreditation process aims to support continuing improvement in delivering intern training.

The *PMCWA Terms of Reference* lists key functions as follows: providing leadership in prevocational medical education and training, accreditation and monitoring of health services to ensure national and state standards are met, establishing communication and linkages across the continuum of medical education to foster sharing of information and to advocate on behalf of trainees on matters relating to health and welfare including issues related to safety and quality.

PMCWA provided specific examples of where the accreditation processes identified areas requiring improvement in a health service and how over time, with the support of PMCWA, that the quality of intern training was improved.

PMCWA maintains close relationships with stakeholders and seeks their input to support improvements in intern training. Events such as the annual Education Symposium, hosted by PMCWA, further support improvements in intern training in the state.

In its discussions with stakeholders it was obvious to the team that PMCWA is held in high regard and the accreditation processes are central to ongoing quality improvement in intern training in the state.

#### **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*.

PMCWA's accreditation process is cyclical, with a maximum period of accreditation of 36 months. Shorter periods of accreditation are granted for new programs, where provisional accreditation is granted or other circumstances (e.g. significant changes, circumstances needing to be addressed to support ongoing accreditation) warrant earlier review.

PMCWA accreditation is subject to PMCWA being informed of any change that significantly alters the training capacity of the accredited health service or term. Processes for monitoring include shorter periods of accreditation, follow up visits and regular reporting where concerns arise or changes are occurring. PMCWA is in the process of defining specific criteria and creating a checklist to assist facilities identify when it is necessary to notify a change of circumstance (see attribute 4.7).

The *PMCWA Accreditation Standards Guidelines* indicate that new and transitioning terms and health services undergo pre-accreditation processes. New or reconfigured positions undergo a site survey within six months of prevocational doctors commencing. A second site survey (which could be a survey or report) is required within 12 months after which accreditation can be awarded for the maximum period. Further reviews occur as scheduled or as triggered by PMCWA or the health service.

Health services awarded Provisional Accreditation will have additional reporting requirements and/or survey visits. As indicated under attribute 4.4, there are two levels of prevocational accreditation: one subject to surveys and reports meeting accreditation criteria and the other, more serious, where accreditation will be withdrawn unless listed conditions are met.

The *PMCWA Accreditation Standards Guidelines* provides guidance about accreditation between surveys and indicates that 'Employing and placement authorities and terms should adhere to the standards for accreditation throughout the period for which they are accredited. The *Accreditation Standards Guidelines* indicate that PMCWA reserves the right to review accreditation status where there is evidence to suggest that accreditation standards are not being met.' The Guidelines also outline requirements to notify PMCWA of changes in terms, role or supervision status.

PMCWA indicated that it will investigate complaints or issues raised by prevocational doctors or other staff. PMCWA provided a specific example of allegations of bullying and harassment and subsequent poor supervision and education which was followed up by PMCWA. PMCWA appointed two lead surveyors to review the term and a report was prepared for the Committee with a number of recommendations including a requirement for a follow up visit. The second survey found a significant improvement, systems in place to address previous concerns and full compliance with accreditation criteria. The team considered this provided an example of a process for dealing with complaints where these are considered to potentially affect the accreditation of a term and also quality improvement of intern training, attribute 4.5.

PMCWA requires health services to provide copies of confirmed year term rotations outlining terms and durations at least one month prior to the prevocational doctor commencement dates. The secretariat reviews the allocations against internship requirements and PMCWA accreditation to ensure that all interns have the opportunity to meet the requirements of the Medical Board of Australia, and that prevocational doctors are only allocated to accredited terms. Any significant changes or unaccredited terms are investigated. PMCWA indicates that the

datasets maintained by the secretariat also assist in tracking and monitoring of the accreditation status at each health service. The team noted, however, there was no dataset to track reporting of change of circumstances as defined in accreditation guidelines.

PMCWA undertook a review of its standards and policies to align them with national standards from 2013 to 2014. PMCWA has indicated that implementation of some refinements of processes have been deferred due to the flux within the Western Australian health system. Specifically, it was noted that the process is not in line with the national guideline for a four-year accreditation cycle. PMCWA indicated it considered the move to a four-year cycle in 2014 but concerns were raised over the likelihood of significant changes occurring within units over a four year cycle and potential additional work created if a two year interim report was required to satisfy this concern. PMCWA told the team that it is currently investigating monitoring mechanisms which would not result in an increase to the workload of accredited health services. This will be particularly relevant given the anticipated accreditation workload in the foreseeable years and the need to consider cost-effective and sustainable approaches to all parts of accreditation. PMCWA is asked to report to the AMC on any changes to the accreditation cycle.

#### **4.7 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.

PMCWA's processes and standards for determining whether changes to terms, programs or health services affect the accreditation status are described in the *PMCWA Accreditation Standards Guidelines*. PMCWA indicates the process is aligned to the national framework for medical internship and the Prevocational Medical Accreditation Framework.

PMCWA accreditation is awarded with the condition that any significant changes that affect that training capacity of the accredited health service or term are reported to PMCWA. Significant changes are reviewed by the Accreditation and Standards Committee or undergo full accreditation reviews depending on the nature of the changes.

PMCWA indicates that information sharing between PMCWA and health services is very strong and enables identification and resolution of issues impacting upon prevocational training. The team observed evidence of good relationships between health services and PMCWA.

PMCWA defines a significant change as any change that significantly alters the training capacity of the accredited health service or term. PMCWA accreditation standards, section 1 criteria, require accredited health services to have monitoring mechanisms and to notify PMCWA of any changes that may significantly impact upon the education and training of prevocational doctors.

PMCWA is currently developing a checklist to assist medical education teams in identifying and reporting significant changes. Examples of significant change included when training medical education teams are:

- Permanent changes in the term supervisor, DCS, DPGME, DCT or MEO or a period of leave over four weeks. Officers with training program responsibilities are required to organise cover when on leave.
- Long term or permanent changes to volume and range of clinical exposure / casemix.
- Permanent increase or decrease in the number of prevocational doctors allocated to the term or change to the balance of experience e.g. change from 1 PGY1 and 1 PGY2+ to 2 PGY1 doctors.
- Major changes to the organisational structure or service design of the term or organisation.

- Changes to the roster or education programs which impact upon supervision or educational opportunities.
- Changes that significantly reduce administrative support, facilities or educational programs available.

The team noted the ongoing work of PMCWA to better define a 'significant change' to a term that would affect accreditation status. The team considered that once this has been clarified that PMCWA will need to ensure there is communication of the definition to health services. PMCWA is asked to provide the updated definition once finalised and information about its dissemination to health services.

When granting accreditation, PMCWA considers the capacity of the standard number of PGY1 and PGY2+ prevocational doctors which can be allocated to the rotation in a term. Pre-accredited positions have been assessed by PMCWA as additional capacity beyond the standard which could be placed permanently in the term without effecting the accreditation level awarded. If the health site expands the term standard capacity to include the pre-accredited capacity, the number of positions is no longer pre-accredited but accredited and added to the number of accredited positions. The team considered that this process would provide some helpful flexibility to health services.

#### **4.8 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.

PMCWA has documented the processes for accreditation decision-making and reporting in the *PMCWA Accreditation Standards and Guidelines*. The policies and procedures describing the details of the accreditation decision-making processes are provided as appendices to the *Standards and Guidelines* as follows:

- Appendix A: Accreditation and Standards Committee Terms of Reference
- Appendix B: Procedure: Out of Session Decisions by Chair of the Accreditation and Standards Committee
- Appendix C: Procedure: The Appeal Process
- Appendix D: Policy: Accreditation Program and Awarding Conditions
- Appendix E: Procedure: Preliminary Accreditation of New Prevocational Doctor Training Positions in Currently Accredited Health Services
- Appendix N: Procedure: Amendments to Survey Reports and Award Recommendations.

The *Accrediting Program and Awarding Conditions* policy indicates that the Accreditation and Standards Committee is responsible for awarding accreditation status based on recommendations of the surveyors. The outcomes of the accreditation reviews are reported to the PMCWA Council. The Executive Committee has authority from Council to confirm decisions of the Accreditation and Standards Committee. The Executive Committee can refer altered decisions back to the Accreditation and Standards Committee and request resurvey of accredited terms and organisations.

PMCWA's procedure for out of session decisions indicates that the Chair of the Accreditation and Standards Committee may award Provisional Accreditation, make alterations to a credentialed surveyor's scope of accreditation activity surveyor status or any other status conferrable by the Committee between meetings. However, all such decisions should be reported to and subject to confirmation by the Committee at its next meeting.



Survey teams are provided with a template for the survey report which assists in application of a consistent process for decision making and flagging concerns to the Committee.

The governance structures and composition, decision making processes and policies on conflict of interest help to ensure decisions are free from undue influence. Facilities being accredited also have the ability to comment on the factual accuracy of the draft report and have the right of appeal of accreditation findings.

As previously discussed, under attribute 2.1, the conflict of interest policies include provisions to exclude members of PMCWA (including surveyors, the Committee and Council), who have a real or potential conflict of interest, from particular accreditation decisions.

The team's discussions with stakeholders suggested there was confidence in PMCWA's decision-making processes. The team was also able to view agendas and minutes of the Accreditation and Standards Committee meetings as evidence of the processes being followed. As noted previously under attribute 2.2, the team considered that the Chair of the Accreditation and Standards Committee also being the Chair of Council and the Chair of the Executive Committee may compromise or be perceived to compromise PMCWA's rigorous oversight and review of intern accreditation.

#### **4.9 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 and Guidelines* indicate that an employing or placement authority will be notified of its accreditation status within two months of the completion of the survey with a copy of the surveyor's report provided. The notice of accreditation is sent to the health service executive or director of clinical services. Notices of accreditation are copied to the health service Director of Clinical Training or DPGME and Medical Education Officer. There are other stakeholders that are notified when the accreditation falls within their scope, for example the WA Country Health Services (WACHS) central postgraduate medical education unit director or the Western Australian General Practice Education and Training (WAGPET) Director of Training.

The outcomes of accreditation are published on the PMCWA website as an accreditation review table. The table lists the accreditation status awarded to each site and term by the PMCWA Accreditation and Standards Committee. PMCWA indicates that extracts of review table data are available to health service representatives for example directors of clinical training or medical education officers upon request.

PMCWA provides six-monthly reports of outcomes of accreditation activities to the Australian Health Practitioner Regulation Agency, as per the terms of the funding agreement. PMCWA reports stating new, re-accredited and any de-accredited PGY1 positions are forwarded to the Medical Board of Western Australia each quarter and any recommendations are discussed at the quarterly face to face meetings.

As previously noted at attribute 2.1, the Chair of PMCWA provides a quarterly update to the Director General of HDWA and attends weekly meetings with the Chief Medical Officer, as delegated proxy for the WA Minister for Health.

The team noted that communication with junior doctors about the outcomes of accreditation is through the involvement of the JMO Forum in the Committee processes and health services distributing the outcomes. PMCWA is encouraged to consider how junior doctors outside of the formal processes receive feedback on the accreditation decisions and that their concerns or commendations are addressed.

#### 4.10 Complaints, review and appeals processes

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

PMCWA has an *Appeal Process* which highlights that an employing or placement authority may appeal against a decision on accreditation, the grounds for appeal and the process of consideration. The grounds of appeal by a health service includes but is 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
- That 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.

In the event of an appeal an Appeal Committee is established. The Appeal Committee consists of the Chair of PMCWA and a nominee of the:

- Appellant employing or placement authority
- Western Australian Board of Medical Board of Australia
- Department of Health, Western Australia
- Accreditation and Standards Committee.

The Appeal Committee makes the final decision and the Accreditation and Standards Committee are bound to accept the decision.

The team noted that PMCWA also provides opportunities for feedback from health services during the assessment process. Specifically, health services are invited to provide feedback on the draft survey report which is provided for comment on factual before a decision on accreditation is made by the Accreditation and Standards Committee. At the conclusion of each accreditation survey health services are also invited to complete an online survey to indicate their satisfaction with the process and any suggestions for improvement.

The PMCWA submission indicated that appeals to accreditation awards are rare and provided the most recent example as being over four years ago and not related to PGY1 accreditation.

## 5 Stakeholder collaboration

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**Domain requirement:** 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.

PMCWA has mechanisms for engagement with stakeholders such as the health department, health services, junior doctors and doctors who supervise and assess junior doctors and the Medical Board of Australia.

PMCWA has a close working relationship with the Western Australian Department of Health, working alongside Medical Workforce. The Chair of PMCWA and Manager meet weekly with the Chief Medical Officer and are also represented on the WA Medical and Dental Workforce Council and the International Graduate Working Party. PMCWA also provides reports on activities to the Department.

Mechanisms for engaging junior doctors include through the JMO Forum and representation on PMCWA committees. All sub-committees of the Council have JMO Forum representation and the Co-Chairs are also represented on the AMA Doctors in Training (DIT). The PMCWA Council, Accreditation and Standards Committee and Executive Committee also have AMA DIT Committee representation. The JMO Forum includes representatives from each major tertiary hospital and the medical student associations. PMCWA indicates that all prevocational doctors are invited to attend the JMO Forum and participate in the accreditation program. PMCWA currently has 15 active trainee and support surveyors that are prevocational doctors. The team commended PMCWA's efforts to assist prevocational doctors in obtaining leave to participate in accreditation activities through sending letters directly to the health service requesting they be released for professional development opportunities.

Membership of the Committees and Council include for input from nominees of a number of important stakeholder groups including medical schools, health services, general practises and the Medical Board of Australia.

PMCWA facilitates and provides secretariat support to Medical Education Officer network meetings and includes medical education officers in training workshops provided to Directors of Clinical Training.

PMCWA meets quarterly with the Registration Committee of the Medical Board of Western Australia and the Medical Board is represented on Council.

PMCWA also organises educational events as part of the education program, for example the Medical Carers Expo which is jointly organised and run with the Western Australian branch of Australian Medical Association. PMCWA coordinates free professional development for prevocational doctors, MEOs and DCTs throughout the year as well as networking events for prevocational medical educators and doctors including an annual Education Symposium.

The team commended PMCWA for its excellent engagement with most stakeholders. It was evident to the team that PMCWA has a high profile and an excellent reputation.

The team noted that there is limited engagement with health consumers in PMCWA processes, including no representation in the governance structures or routine mechanisms for gathering input from consumers. Avenues need to be explored for involving health consumers and community members in PMCWA processes. This will be an area for continued reporting to the AMC.

## **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.

PMCWA communicates to its stakeholders through a number of mechanisms, including through its website, a Facebook site, quarterly newsletters circulated to stakeholders by email and email notices to prevocational doctors.

The website provides information on PMCWA roles, structures and programs as well as links to other resources. PMCWA is in the early stages of a major re-design and update of the PMCWA website with support from the Western Australian Department of Health Information Network. The team considered this as a positive initiative.

PMCWA established a Facebook site in 2015 after feedback from prevocational doctors indicating social media as a preferred communication mechanism. The Facebook profile is used to announce education events, key dates for centralised recruitments and notices of interest to prevocational doctors. The team commended PMCWA for its efforts to better communicate with prevocational doctors through social media.

PMCWA maintains a contact list for prevocational doctors and sends notices directly to prevocational doctors as well as utilising pathways through medical education teams within health services. The PMCWA website also provides a link to a JMO Survival Guide which provides a range of information about prevocational training including the JMO Forum and PMCWA, the role of the junior doctor and information about wellbeing and support.

PMCWA's submission indicated it provides notices to Medical Education Officers and Directors of Clinical Training to circulate relating to recruitment, professional development and support available from PMCWA.

There is appropriate review process of information prior to dissemination with the PMCWA communication strategy oversights by the PMCWA manager and implemented by individual officers. All updates to PMCWA website or Facebook profile must be approved by the Manager, significant content updates are subject to approval from the relevant committees.

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

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

PMCWA collaborates with other relevant accreditation organisations through a number of mechanisms including membership of various committees, attendance at national meetings and engagement with other accreditation authorities.

The Chair of the Council was Deputy Chair of Confederation of Postgraduate Medical Education Councils (CPMEC) in 2014 as well as the Prevocational Medical Accreditation Network representative. CPMEC is a mechanism for collaborating with other intern accreditation bodies across Australia.

PMCWA and Committee members are also involved in AMC committee and accreditation processes. The PMCWA Chair and manager regularly attend prevocational forum and participate in national meetings.

Staff of PMCWA represent Western Australia on the Health Workforce Principle Committee national medical intern data management working group.

The team noted that the accreditation process for accreditation of new Primary Employing Health Services requires that independent surveyors are sought from interstate prevocational accreditation authorities to avoid real and perceived conflicts of interest. PMCWA also provided examples of secretariat staff liaising with interstate accreditation bodies on relevant issues. The team encouraged PMCWA's informal collaboration with other accreditation bodies.

PMCWA has a memorandum of understanding with Western Australian General Practice Education and Training (WAGPET) to formalise collaboration on training post accreditation for the placement of doctors in training in Western Australia. The team commended these efforts to streamline accreditation across organisations and encouraged these to be explored elsewhere.

### **5.4 Working within accreditation frameworks**

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

PMCWA works within national structures of quality assurance and education. PMCWA has aligned its standards and processes to standards published by the AMC, Prevocational Medical Accreditation Network, the Confederation of Postgraduate Medical Education Councils and the Medical Board of Australia.

PMCWA considers policy research, review and analysis in its development of policies. This includes the review of review of several publications relating to safety and quality.

PMCWA participates in national and international prevocational medical education organisations including CPMEC as noted at attribute 5.3, the Association for Medical Education in Europe and the World Federation for Medical Education. PMWCA representatives have also presented and attended at international conferences such as the Ottawa conferences.

## **Appendix One Membership of the 2015 AMC Team**

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**Associate Professor Victoria Brazil (Chair)** MBBS, FACEM, MBA

Senior Staff Specialist, Department of Emergency Medicine, Gold Coast University Hospital

**Mr Adrian Anthony** MBBS, FRACS

Staff Specialist and Clinical Lecturer, Upper GI Surgical Unit, the Queen Elizabeth Hospital and Lyell McEwin Hospital. Director of Clinical Training, the Queen Elizabeth Hospital

**Dr Michael Franco** MBBS, FRACP, FACHPM

Senior Staff Specialist, Medical Oncology and Palliative Medicine, Monash Health.

**Dr Catherine Pendrey** BMedSci, MBBS

Resident Medical Officer, Monash Health

**Ms Jane Porter**

Manager, Specialist Training and Program Assessment, Australian Medical Council

**Ms Sarah Vaughan**

Accreditation Policy Officer, Australian Medical Council

## Appendix Two Groups met by the 2015 AMC Team

Location	Meeting
<b>PERTH, WA</b>	
<i>Tuesday 11 August – Associate Professor Victoria Brazil, Dr Michael Franco, Ms Jane Porter (AMC staff)</i>	
Observation of PMCWA Accreditation Survey Visit to the Fiona Stanley Hospital	Welcome: Director of Medical Education; Coordinator Medical Education; Medical Education Registrar; Medical Education Officer
	Hospital Out of Hours Team: Intern; Resident; Registrar; Consultant
	General Medicine and Acute Medical Unit: Intern; Resident; Registrar; Head of Service
	Haematology: Resident; Registrar; Head of Service
	Orthopaedics: Intern; Resident; Registrar; Consultant
	Vascular: Intern; Resident; Registrar; Consultant
	Cardiothoracic Surgery: Intern; Resident; Registrar; Consultant
	Gastroenterology; Intern; Resident; Registrar; Consultant
	Psychiatry: Intern; Resident; Registrar; Consultant
	General Surgery: Intern; Resident; Registrar; Head of Service
	Neurology: Intern; Resident; Registrar; Head of Service
	Maxillofacial: Intern; Registrar; Head of Service
	Respiratory: Intern; Resident; Registrar; Consultant
	Acute Assessment Unit, Specialty Surgery: Intern; Resident; Registrar; Consultant
	State Rehabilitation – Acquired Brain Injury: Intern; Resident; Registrar; Consultant

Location	Meeting
	State Rehabilitation – Amputee: Intern; Resident; Registrar; Consultant
	State Rehabilitation – Neurology: Intern; Resident; Registrar; Consultant
	State Rehabilitation – Spinal: Intern; Resident; Registrar; Consultant
	State Rehabilitation – Trauma: Intern; Resident; Registrar; Consultant; Head of Department
PMCWA Surveyors	Lead surveyors Support surveyors Trainee surveyors
<i>Wednesday 12 August – Associate Professor Victoria Brazil, Mr Adrian Anthony, Dr Michael Franco, Dr Catherine Pendrey, Ms Sarah Vaughan (AMC staff), Ms Jane Porter (AMC staff)</i>	
Senior Staff	PMCWA Chair Manager
PMCWA Council	PMCWA Council members Chair Deputy Chair Manager
Accreditation and Standards Committee	Accreditation and Standards Committee members Chair Deputy Chair Manager Program Officers (Accreditation) Administration Officer (Accreditation)
WA Department of Health	Chief Medical Officer Manager, Office of the Chief Medical Officer Medical Advisor, Medical Workforce
Junior Doctors	JMO Forum members JMO Forum Co-Chairs Accreditation and Standards Committee JMO Forum representative
Medical Board of Australia	Chair, WA Board



<b>Location</b>	<b>Meeting</b>
PMCWA Staff	PMCWA Chair Manager Senior Development Officer Senior Data Analyst Program Officer (Education) Program Officers (Accreditation) Administration Officer (Accreditation)
Directors of Clinical Training	Directors of Clinical Training: Albany Health Campus Armada Health Service Bunbury Hospital Fiona Stanley Hospital Geraldton Regional Hospital King Edward Memorial Hospital Rockingham General Hospital Royal Perth Hospital Sir Charles Gairdner Hospital St John of God Subiaco
Medical Education Officers	Medical Education Officers: Armada Health Service Bunbury Hospital Fiona Stanley Hospital Fremantle Hospital Joondalup Health Campus Kalgoorlie Regional Hospital King Edward Memorial Hospital Osborne Park Hospital Peel Health Campus Princess Margaret Hospital Rockingham General Hospital Sir Charles Gairdner Hospital St John of God Subiaco
Directors of Medical Services	Directors of Medical Services: Armada Health Service Fiona Stanley Hospital Joondalup Health Campus Rockingham General Hospital Royal Perth Hospital Sir Charles Gairdner & Osborne Park Healthcare Group WA Country Health Service – Goldfields WA Country Health Services - Midwest

<b>Location</b>	<b>Meeting</b>
<i>Thursday 13 August – Associate Professor Victoria Brazil, Mr Adrian Anthony, Dr Michael Franco, Dr Catherine Pendrey, Ms Sarah Vaughan (AMC staff), Ms Jane Porter (AMC staff)</i>	
Senior Staff	Chair Manager
Term Supervisors	Intern Supervisors: Royal Perth Hospital Sir Charles Gairdner Hospital
Prepare preliminary statement of findings	AMC Team
Present preliminary statement of findings	AMC Team PMCWA Chair Manager



