Guidelines, policies and procedures for the Accreditation of Prevocational Trainee Positions in Health Services across WA
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For the latest information please visit the PMCWA website [www.pmcwa.health.wa.gov.au](http://www.pmcwa.health.wa.gov.au) or contact PMCWA directly by email: [PMCWA.Accreditation@health.wa.gov.au](mailto:PMCWA.Accreditation@health.wa.gov.au) or telephone: (08) 9222 2125.
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THE POSTGRADUATE MEDICAL COUNCIL OF WESTERN AUSTRALIA

The Postgraduate Medical Council of Western Australia (PMCWA) was founded in 2003 to facilitate the training and education of prevocational doctors. It was formally established as a Ministerial Council (the Council) on 4 May 2015 and reports to the Minister for Health via the Chief Medical Officer of the Department of Health. The role of PMCWA is to promote and support the training of medical staff in their prevocational years.

Membership to the Postgraduate Medical Council is via Ministerial appointment.

Members of the Postgraduate Medical Council are representatives from:

- Australian Medical Association Doctors In Training Committee
- Chief Executive Officers
- Clinical Training and Education Centre
- Country Health Services
- Department of Health, Western Australia
- Directors of Clinical Training
- Directors of Postgraduate Medical Education
- Faculty of Medicine and Dentistry, University of Western Australia
- Junior Medical Officer Forum
- Medical Administrators
- Medical Board of Australia (Western Australian Board)
- Medical Directors
- Medical Students’ Association of Notre Dame
- Metropolitan Health Services
- PMCWA Accreditation Surveyors
- Private Hospitals
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- School of Medicine, University of Notre Dame
- Western Australian General Practitioner Education and Training Ltd
- Western Australian Medical Students’ Society

The Postgraduate Medical Council of WA is located at:

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2nd Floor, C Block
189 Royal St
East Perth 6004

Enquiries should be addressed to:

The Postgraduate Medical Council of Western Australia
Telephone: (08) 9222 2125
Facsimile: (08) 9222 2130
Email: PMCWA.Accreditation@health.wa.gov.au
The aim of the accreditation program

The aim of the accreditation program is to establish and monitor standards for prevocational doctor positions with the emphasis on the first two postgraduate years. The standards constitute a benchmark for the provision and attainment of a high standard of general clinical training. Accreditation of prevocational doctor positions assists in ensuring that the ideal environment exists for the development of the prevocational doctor. The Australian Curriculum Framework for Junior Doctors\(^1\) underpins the training requirements delineated in the accreditation program.

The objective of prevocational training is to enhance the professional and personal development of medical graduates in their early postgraduate years. Diverse training posts enable graduates to develop the confidence, clinical knowledge and skills, and maturity of judgement and attitude, necessary for medical practice.

In accordance with the requirements of the Medical Training Review Panel (MTRP) new training opportunities in community and rural settings are constantly being explored. Currently, these extend to rotations in public and private hospitals, general practices and public health facilities in metropolitan, rural and remote areas.

Through the process of accreditation, hospitals and other training organisations which employ prevocational doctors are formally assessed by a survey team using the standards outlined in this guide.

Terms of Reference for the Accreditation and Standards Committee

In its delegated role, the Accreditation and Standards Committee (the Committee) is responsible to the PMCWA for the establishment and monitoring of standards for prevocational doctor positions with the emphasis on the first two postgraduate years.

Terms of Reference (see Appendix A)

The Accreditation and Standards Committee has delegated responsibility and authority for the following areas.

1. To inform, advise and implement the work of the PMCWA in the area of the development of standards and the accreditation of training positions.
2. Accredit prevocational training positions that meet national and state standards.
3. Develop and implement accreditation standards and guidelines for prevocational education and training in Western Australia, to ensure that all prevocational positions offer sufficient experience, education, training, supervision, assessment and feedback to enable the prevocational doctor to meet national and state objectives and prepare them for vocational training.

\(^1\) Confederation of Postgraduate Medical Education Councils - Australian Curriculum Framework for Junior Doctors
4. Oversee the further development and implementation of an accreditation process, including the recruitment, training and management of accreditation surveyors and implementation of periodic reviews.

5. Report to the PMCWA on the outcomes of the accreditation reviews.

6. Assist health services in ensuring that the intern, also known as postgraduate year one medical officer (PGY1), has completed all necessary requirements to enable recommendation to the Medical Board of Australia (Western Australian Board), for general registration as a medical practitioner.

7. Advise the PMCWA on issues that affect the development of standards and accreditation of prevocational training positions.

8. Promote and/or undertake projects/research related to the development of standards and the accreditation of prevocational training positions.

The Chair of the Accreditation and Standards Committee may award Provisional Accreditation, a change to surveyor status or any other status conferrable by the Committee between meetings. All such decisions are reported to and subject to confirmation by the Committee at its next meeting.

THE ACCREDITATION PROCESS

Overall responsibility of employing bodies

Primary Employing Health Services (PEHS), Primary Placement Health Services (PPHS) and other Placement Health Services (PHS) are responsible for ensuring that the organisation of term allocations, rosters, education and supervision reflect the aims and objectives of the general clinical training outlined in this guide. They are also responsible for requesting an accreditation survey where necessary to accredit new positions or maintain current accreditation. All accreditation is subject to PMCWA being informed by the Director of Postgraduate Medical Education or of Clinical Training of any change that may significantly alter the training capacity of the health service or term. Changes impacting on the training capacity of the health service or term may result in a need for an accreditation survey to maintain accreditation. Examples of such changes include (but are not limited to):

- changes to the nature and extent of services being provided, impacting on learning opportunities for prevocational doctors
- changes to the level of supervision provided to prevocational doctors
- changes to the education program offered to prevocational doctors.

The PMCWA Accreditation and Standards Committee awards accreditation based on information received including PMCWA surveyors’ reports, health service reports, tripartite WAGPET reports and other materials such as documentary evidence and supporting verbal reports. Information collected as part of the accreditation process will be managed in accordance with the State Records Act and State Records Standards and Regulations.
Accreditation is assessed at employing or placement health service and rotation levels. Accreditation criteria applicable to PEHS, PPHS, PHS and Terms/Rotations are identified in the Accreditation Criteria and Evidence Required table (Appendix P).

The definitions below will be used to identify between health services.

**Primary Employing Health Service (PEHS)**
A health service that is accredited by PMCWA as a primary employer of prevocational doctors and involved in the prevocational training program. A PEHS is able to provide Postgraduate Year 1 doctors (interns) with the experience necessary to meet the requirements of the Medical Board of Australia within its network.

All health services may directly employ Postgraduate year 2 and above doctors (residents) for all 5 terms. Interns may only be directly employed by an accredited PEHS.

The PEHS may second prevocational doctors to placement health services (Primary Placement and/or Placement Health Services) in its network for up to but no more than four of the five of the prevocational doctor’s terms in a year.

**Primary Placement Health Service (PPHS)**
A health service within a defined network, which receives prevocational doctors for three to four of the prevocational doctor’s five terms in a year.

All health services may directly employ Postgraduate year 2 and above doctors (residents) for all 5 terms.

Subject to approval from the Accreditation and Standards Committee, a Primary Placement Health Service may rotate PGY2+ doctors to other accredited health services (Primary Placement and/or Placement Health Services (PPHS and PHS)) within a prevocational training network.

A PPHS rotating PGY2+ doctors to other accredited health services has equivalent obligations and accreditation requirements as a PEHS, except for criteria specific to PGY1 doctors e.g. accreditation criterion 1.1.

**Placement Health Service (PHS)**
A health service within a defined network, which receives prevocational doctors from a Primary Employing Health Service (PEHS) or accredited PGY2+ rotating Primary Placement Health Service (PPHS) for one to two of the five of the prevocational doctor’s terms in a year.

**Becoming accredited**

Any facility employing prevocational doctors must be accredited by the Postgraduate Medical Council prior to the allocation of a prevocational doctor to the training post, with the exception of Resident Medical Officer positions directly employed by private health services. However, PMCWA accreditation is strongly recommended for all prevocational doctor positions. PMCWA accredits individual health services, practices, units, departments, terms and rotations. Where a term is split across multiple sites/units, each
unit or site must be accredited separately (visiting each site). The term will also be considered as a whole rotation and addressed in either a letter or in the comments of each report. Each site or unit is then accredited for the capacity in the term element as it is at the site (must be in whole persons).

The accreditation process involves an on-site accreditation survey undertaken by PMCWA surveyors at intervals of no more than 36 months. PMCWA will liaise with employing and placement authorities regarding survey dates and will endeavour to give sufficient notice to allow for preparation. Accreditation status may be awarded for periods of up to three years upon demonstrated compliance with all the accreditation criteria.

**All accreditation is subject to PMCWA being informed of any change that significantly alters the training capacity of the unit.**

Organisations wishing to be accredited as a new Primary Employing Health Service (PEHS) must provide the PMCWA Executive Committee with a submission addressing the relevant accreditation criteria as outlined in this document.

PMCWA will make a decision based on three options reflecting the ability of the submission to meet the criteria:

1. to accept the submission for accreditation
2. to seek further clarification
3. to reject the submission.

A pre-accreditation survey will be required if the submission is approved or further clarification via survey directed by PMCWA. The first site survey to pre-accredit a new PEHS must include an appropriately trained independent lead surveyor. Independent surveyors should be sought from interstate prevocational accreditation surveyors to avoid real and perceived conflicts of interest and retain necessary experience and skill.

**Pre-accreditation**

Pre-accreditation is required prior to appointment of a prevocational doctor to a term not previously accredited by PMCWA. A pre-accreditation survey includes all the elements of an accreditation survey as far as this is possible. Pre-accredited positions require an on-site survey within six months of prevocational doctors commencing in the pre-accredited positions. A second review (survey or report) is required within twelve months of the first on-site survey.

There are two instances where pre-accreditation is needed for employing or placement authorities. These are:

1. new health services intending to employ or provide placements for prevocational doctors
2. transitioning health services that will be continuing to employ or provide placements for prevocational doctors.
Pre-accreditation of New Health Services

Accreditation of a new health service involves:

- a paper-based accreditation assessment at least six months prior to advertisement of positions
- an initial on-site accreditation survey six months after the appointment of prevocational doctors, after which accreditation may be awarded for up to 12 months
- a second review (survey or report) 12 months after the first survey, after which a level of accreditation may be awarded by the Committee for a period of up to 36 months as determined by the Committee.

Pre-accreditation of Transitioning Health Services

A transitioning health service is one undergoing a change of facility or major reconfiguration of service delivery or organisational structure. The following steps are required:

- a paper-based accreditation assessment at least six months prior to advertisement of positions
- an on-site accreditation survey at the new site/under the new structure two to three terms after the transition occurs after which accreditation may be awarded for up to 12 months
- an accreditation review (survey or report) twelve months after the first survey at the new site or under the new structure, after which a level of accreditation may be awarded by the Committee for a period of up to 36 months as determined by the Committee.

The pre-survey questionnaire

Prior to the survey, PMCWA will provide the employing or placement authority with a pre-survey questionnaire to complete. This information will provide the survey team with details about the authority, the range of services, the number and mix of medical staff, the terms available to prevocational doctors, the clinical workload and experience available in each term and the Prevocational Training Program.

Prior to the survey health services should also ensure that they have readily available the necessary documentary evidence to demonstrate their compliance with the relevant accreditation criteria. Since the majority of this documentary evidence consists of materials regularly used in the prevocational training program such as meeting minutes, orientation manuals and term rotation information, documentation required for accreditation surveys should be on-hand at all times such that a drop-in accreditation survey could be undertaken should the need arise.

The survey team

The survey team will generally consist of at least two members: the leader of the survey team who will be an experienced surveyor and a support surveyor who has completed
basic training as a surveyor. Depending on local circumstances, participation may involve members of the Accreditation and Standards Committee.

Having a minimum of two surveyors on an accreditation visit complies with best practice and ensures that natural justice takes place as the surveyors make an independent but an agreed assessment.

The survey

Accreditation surveys occur at three levels:

- **Type 1 (PEHS and Prevocational Training Network) Surveys** review the Primary Employing Health Service’s prevocational training network as a whole and may occur on the same or a different day to surveys of PPHS, PHS or Terms. A Type 1 (PEHS and Prevocational Training Network) Survey:
  - ensures compliance with criteria **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 survey team will assess all terms at an employing or placement authority in one visit. Depending on the number of prevocational doctors and on the number and nature of the terms available, the time needed will vary. The surveyors will need to meet with executive and postgraduate medical education representatives at the beginning and end of the survey.

The health service should negotiate a timetable prior to the survey and provide this to PMCWA along with the documentary evidence requested by PMCWA. The draft timetable should be provided to PMCWA as soon as possible (ideally 6 weeks prior to the survey date) to allow time for it to be forwarded to the lead surveyor for approval. Please note the survey team can review a maximum of 6 departments a day. It is also requested that lunch is provided for the surveyors if the survey will cover the lunch period. A minimum of 5 minutes is required between interviews and 15 minutes between term interview sets.

Each department, unit or practice with prevocational doctor positions will be surveyed. The survey will include discussions with medical administration, Directors of Clinical Training
(DCT), Heads of Departments (HOD), consultants and prevocational doctors. A review of relevant written material and of prevocational trainee facilities will also be part of the survey process. A debriefing session will be held at the conclusion of the survey with executive and postgraduate medical education representatives, followed by a private debriefing by the survey team.

The survey team will complete a draft report, recording the performance of the health service or term against PMCWA’s established standards, making commendations and outlining recommendations for further improvement and/or conditions for continuing accreditation. The draft report will be submitted to the Director of Clinical Training for comment and factual review. Any comments should be sent to PMCWA who will forward this information to the survey team for consideration. The survey team may alter the report by expanding on the reasons behind the decision, the recommendations, comments and other points. This is an opportunity to clarify points and context. If the survey team wishes to revise the recommended accreditation in response to additional information received since the survey it is at their discretion although PMCWA should have copies of this evidence. Any changes to the report are strictly at the discretion of the survey team. The survey team will then make a recommendation to the Accreditation and Standards Committee regarding accreditation. See Appendix N for further details.

Reports

The following types of reports are used by PMCWA in the accreditation process:

1. **Surveyors’ reports** are typically completed according to a template approved by the Committee which provides information in a direct and efficient manner.

Surveyors’ reports include:

- term and health service names
- whether the term is ‘split’ with another
- date of the most recent review by PMCWA surveyors
- current accreditation level awarded
- current accredited suitability for prevocational doctors for example PGY1 and/or PGY2+
- current number of accredited posts
- length of accreditation awarded
- term classification and provision of PGY1 core (mandatory) experience
- organisation responsible and method for the next action
- conditions and recommendations.
2. **Reports from Health Service / WAGPET** are provided by the Director of Clinical Training or Director of Postgraduate Medical Education. Directors of Clinical Services and other officers may only prepare health service reports if specifically requested to do so by the Committee.

3. **Tripartite WAGPET Reports** can be requested by the Committee or the Chair of the Committee or by PMCWA as is deemed necessary. Where a WAGPET survey team includes a PMCWA lead surveyor and the report addresses PMCWA criteria, it is considered to be equivalent to a PMCWA surveyors’ report for the purposes of assessing accreditation.

Where surveyors’ reports identify issues that must be addressed as a condition of accreditation the Committee may require confirmation that conditions have been met via a follow up site visit, tele/video conference or other communication by PMCWA surveyors, or a health service or tripartite WAGPET report. This will be specified in the original surveyors’ report or the letter of accreditation.

**Accreditation status**

Accreditation status is awarded by PMCWA to each of the prevocational doctor terms and the employing or placement authority at the time it is surveyed. The employing or placement authority will be notified of its accreditation status within two months of the completion of the survey. A copy of the surveyors’ report will accompany the Committee’s decision. Accreditation status and date for review is published on the PMCWA website for all health services and terms accredited by PMCWA.

The appointment of prevocational doctors to an accredited term is at the discretion of the employing and placement authority. However, if appointed, the term should at minimum maintain the same quality of education and training as at the most recent accreditation review.

*All accreditation is subject to PMCWA being informed of any change that significantly alters the training capacity of the accredited health service or term.*

**Quality Assurance**

After each accreditation survey the health service is invited to complete an online survey (the link will be sent to the health service along with the notification of accreditation) to indicate their satisfaction with the process and any suggestions for improvement.
### PMCWA Accreditation Survey Process

#### Stage 1
**Preparing for Survey**

- PMCWA liaise with health service contact person regarding survey dates.

- PMCWA determine composition of survey team.

A few months prior to survey health service to complete the following steps:

**STEP 1: Complete PMCWA Pre-Survey questionnaire**

**STEP 2: Collect and collate documentary evidence (see accreditation criteria).**

For example:
- Term Descriptions
- List of current terms and numbers of prevocational doctors allocated to terms

Health service to send all pre-survey information to PMCWA (no later than 3 weeks prior to the survey visit).

Health service to prepare for the Survey by:
- Reviewing actions taken to respond to any recommendations or conditions from the previous survey report.
- Negotiate the survey timetable.

#### Stage 2
**Visit by Survey Team**

(usually 1 day visit)

- Survey team conducts interviews with interns, residents, registrars, supervisors, heads of department for units to be accredited, DPGME, DCT, MEOs and Director of Clinical/Medical Services.

- Survey team tour educational and prevocational facilities such as the library, doctors’ common room etc.

- Survey team conduct pre and debriefings with health service senior executive staff and DPGME/DCT.

- Survey team complete surveyors’ report. The report will include:
  - Accreditation status from the previous and current survey.
  - Date and type of next review.
  - Commendations and recommendations.

#### Stage 3
**Report**

- PMCWA send report to health service for factual checking prior to submission to Accreditation and Standards Committee. Non-factual comments will be considered by surveyors. Any change to the report is at the discretion of the survey team.

- Health service is notified in writing of PMCWA decision and provided with copies of the surveyors’ reports.

- Note: Health service has 30 days to lodge a formal appeal

- PMCWA Accreditation Review Table updated to reflect current length and status of accreditation. Review table is published on the PMCWA website.
LEVELS OF ACCREDITATION

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

**Full Accreditation** is awarded for positions assessed as compliant with all accreditation criteria and accredited to employ a prevocational doctor of a stated level for the defined period of time.
The surveyors' report and letter of accreditation may include suggestions for further improvement but accreditation is not dependent upon their implementation.

**Provisional Accreditation** is awarded for positions assessed as compliant with some accreditation criteria and is subject to the provision of evidence (such as further surveys or reports) that criteria identified as unmet at the time of survey have subsequently been addressed and are now met.
Two sub-levels of Provisional Accreditation exist; Provisional Accreditation (subject to surveys and reports meeting accreditation criteria) and Provisional Accreditation (accreditation to be withdrawn unless listed conditions are met). These two levels reflect the difference between situations where progress is not yet completed towards meeting accreditation criteria but planning is in place to ensure that this occurs and situations where serious concerns have been identified that must be addressed to ensure continuing accreditation.

**Provisional Accreditation (subject to surveys and reports meeting accreditation criteria)** is awarded for positions assessed as compliant with some accreditation criteria and accredited to employ a prevocational doctor of a stated level for the defined period of time provided planned improvements outlined to PMCWA are implemented and reporting requirements are met.
The surveyors' report and letter of accreditation may also include suggestions for further improvement but accreditation is not dependent upon these being implemented.

Provisional Accreditation (subject to surveys and reports meeting criteria.) is intended to be used for rotations which are:

- newly accredited but otherwise meet all the accreditation criteria
- rural or remote and have provisional accreditation conditional upon the implementation of a presented plan to address structural issues

or

- aware of deficiencies and have a plan which they have presented to PMCWA that includes reportable milestones and deadlines for improvement.
Provisional Accreditation (Accreditation to be withdrawn unless listed conditions are met) is awarded for positions assessed as compliant with some accreditation criteria and accredited to employ a prevocational doctor of a stated level for the defined period of time. The accreditation is conditional on changes required by PMCWA being implemented and reporting requirements met. If the changes are not implemented successfully and/or reporting requirements are not met, accreditation and the prevocational doctor position will be withdrawn.

The surveyors’ report and letter of accreditation may also include suggestions for further improvement but accreditation is not dependent upon these being implemented.

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

Where a position is assessed as Accreditation Not Awarded or has not been assessed for accreditation:

- An Intern must not occupy this position.
- A Resident employed by the Department of Health can only be placed in this position for a maximum of four weeks in a 52 week contract (pro-rata for short contracts).
- A Resident employed by a private hospital must be made aware that it is not an accredited training position.

THE APPEAL PROCESS

An employing or placement authority may appeal against a decision on accreditation. The Appeal Committee will consist of the Chair of PMCWA and a nominee of the:

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

See Appendix C for full details of the appeal process.
BETWEEN ACCREDITATION SURVEYS

Maintaining standards

Employing and placement authorities and terms should adhere to the standards for accreditation throughout the period for which they are accredited. PMCWA reserves the right to review accreditation status where there is evidence to suggest that accreditation standards are not being met.

Changing terms

Where prevocational doctor terms are eliminated or changed between surveys, health services must ensure that the balance in the overall Prevocational Training Program is maintained. Health services introducing new terms are expected to notify PMCWA (contact details on page 1) to request an accreditation survey and adhere to accreditation standards.

Change of employing or placement authority role

Health services that alter their role (and thus cause changes to prevocational medical education and supervision) during a period of accreditation should notify PMCWA.

Change in Supervision Status

Hospitals that have a change in the supervision status that directly impacts on the support afforded to the prevocational doctor during an accreditation cycle should notify PMCWA.

ACCREDITATION STANDARDS

1. The organisation and administration of the health service supports the Prevocational Training Program.
2. The structure and content of the Prevocational Training Program offers sufficient experience, education and training to enable prevocational doctors to meet the requirements of registration as outlined in the Australian Curriculum Framework for Junior Doctors.
3. Prevocational doctors have access to supervision appropriate to their needs.
4. Prevocational doctors are appraised and assessed.
5. Feedback about the Prevocational Training Program and supervisors is sought from prevocational doctors and utilised.
6. The health service evaluates the training provided to prevocational doctors to improve the Prevocational Training Program.
7. Terms will be identified if able to provide the mandatory experience required by Medical Board of Australia registration standard for Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.
ACCREDITATION CRITERIA

1. **Prevocational Training Program**

1.1 **Capacity to provide mandatory supervised general clinical experience**

**Criteria**

Each health service that is a primary employer of prevocational doctors must be accredited as a Primary Employing Health Service (PEHS) and must meet the following accreditation criteria. Interns may only be directly employed by an accredited PEHS.

A PEHS for prevocational doctors has:

- A nominated site and officer for administering its role as a PEHS for example Director of Postgraduate Medical Education and Postgraduate Medical Education Unit.
- The capability to deliver all required core (mandatory) terms and sufficient non-core terms within the PEHS and its placement health services and terms.
- A range of terms sufficient to fulfil the requirements\(^2\) of the Medical Board of Australia and PMCWA.
- Confirmed year term rotations including placement terms where applicable for each prevocational doctor at least one month prior to prevocational doctor commencement dates.

**Evidence**

- Copies of proposed year term rotations for each prevocational doctor outlining the terms and durations, including placement terms where applicable.
- Copies of confirmed year term rotations for each prevocational doctor outlining the terms and durations, including placement terms where applicable, must be provided to PMCWA at least one month prior to prevocational doctor commencement dates.
- Copies of evidence of case mix/workload infrastructure and support data for the overall health service and each unit to be accredited.
- Accreditation survey interviews.

1.2 **Strategic planning and training budget**

**Criteria**

The purpose of the health service includes setting and promoting high standards of medical practice and prevocational doctor training.

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\(^2\) Medical Board of Australia - Registration Standard - Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training
Each health service undertakes strategic planning and should provide a dedicated budget to appropriately fund and support ongoing and future needs of the Prevocational Training Program (PTP). The person(s) involved in implementing the PTP should be actively involved in the strategic planning process.

**Evidence**
- Documentation of organisational purpose and aims.
- A documented commitment to support the ongoing and future needs of the PTP.
- Evidence showing that the person(s) involved in implementing the PTP is actively involved in the strategic planning process.
- Accreditation survey interviews.

### 1.3 Structure supportive of prevocational doctors

**Criteria**
Each health service provides an administrative and organisational structure supportive of prevocational doctors, including sufficient resources to effectively manage prevocational doctors.

**Evidence**
- Copy of the organisational structure outlining the roles and responsibilities relevant to PTP.
- Demonstration that the ratio of Postgraduate Medical Education Unit staff to prevocational doctors complies with the WA Medical Education Calculator.
- PEHS must have a Director of Postgraduate Medical Education (DPGME).
- The position of Director of Clinical Training shall be separate to the Director of Clinical Services, to minimise conflict of interest between service and training. If the role is shared, approval from the PMCWA Accreditation & Standards Committee must be obtained.
- Accreditation survey interviews.

### 1.4 Delivery and coordination of prevocational training

**Criteria**
Each health service ensures it has policies, processes and procedures in place that facilitate the delivery and coordination of prevocational training including supervision and orientation and educational opportunities.
Evidence

- Copy of policies, processes and procedures relevant to the delivery and coordination of the PTP for each health service where prevocational doctors are employed and placed.
- Demonstration of mechanisms monitoring implementation of policies, processes and procedures between and within the health services.
- Accreditation survey interviews.

1.5 Prevocational Training Committee

Criteria

Each health service has a Prevocational Training Committee (PTC) or equivalent responsible for the coordination of its PTP in order to protect and preserve the best interests of the patient, the supervisor, the prevocational doctor and the health service. Placement health services may choose either to incorporate training responsibilities into the terms of reference of an existing clinical committee e.g. Medical Advisory Committee, or accept a watching brief from the PTC of the PEHS.

The Terms of Reference (TOR) should define education and training governance. The TOR should/will ensure that:

- Appropriate reporting lines are in place and that communication channels within all levels of the health service are fully utilised.
- Specific prevocational training policies and procedures are developed and endorsed where this is appropriate.
- Appropriate membership on the Committee includes representatives of postgraduate medical education unit, supervisors, resident medical officers, interns, medical administration and all placement health services.
- The Chair does not currently hold a management position within the health service, for example the Chair should be separate from the Director of Clinical Services or other position that has primary responsibility for workforce.
- There is an annual review of the TOR and performance measures.
- The Committee promotes quality assurance, complies with the PMCWA Standards and relevant national and state laws and regulations pertaining to prevocational training, and encourages educational excellence.
- The Committee monitors changes that may impact on delivery of PTP and notifies PMCWA of any changes that may significantly impact upon the education and training of prevocational doctors.
Evidence
- Copy of the TOR for the Committee responsible for PTP including membership.
- Copies of minutes for past twelve months.
- Accreditation survey interviews.

1.6 Coordination between Health Services

Criteria
Prevocational medical education is coordinated between PEHS, Primary Placement and Placement Health Services. There is a systematic communication between network partners to optimise learning outcomes for the prevocational doctor. There is a clear definition of the training experience available for the prevocational doctor when seconded from the PEHS.

Evidence
- Documentation detailing the process for communication between network partners.
- Copies of minutes of meetings between network partners.
- Copies of intern and RMO term allocations
- Documents specifying the obligations of each Primary Placement and Placement Health Service in supporting training and the learning objectives for prevocational doctors at that site.
- Accreditation survey interviews.

1.7 Process for appointment to program

Criteria
The process for appointment to prevocational training programs must be:
- underpinned by a clear statement of principles
- based on published criteria and the principles of the program concerned
- transparent, rigorous and fair
- in the case of intern appointments, consistent with and integrated with the national process.

Evidence
- Documentation of selection processes.
- Accreditation survey interviews.
2. Health Service Wide Systems for Supervision and Training

2.1 Understanding of role

Criteria
The health service ensures that the position description for all staff responsible for supervising prevocational trainees includes the roles and responsibilities specific to supervision of prevocational doctors.

Evidence
- Job description forms for relevant positions.
- Accreditation survey interviews.

2.2 Support for supervisors, term supervisors and directors of clinical training

Criteria
The health service provides adequate professional development and support for term supervisors, directors of clinical training and other clinical supervisors to ensure that they have the relevant understanding and skills required for supervision, instruction and assessment.

Evidence
- List of relevant professional development for term supervisors, directors of clinical training and other clinical supervisors.
- Accreditation survey interviews.

2.3 Prevocational doctor feedback

Criteria
The health service has formal evaluation mechanisms and informal opportunities to gather feedback (including confidential feedback) from prevocational doctors in all aspects of their education program, all accreditation standards and criteria, and other factors which may influence their clinical and/or educational experience.

Evidence
- Documentation of feedback mechanisms provided to prevocational doctors and relevant policy documents.
- Accreditation survey interviews.
2.4 Supervisor feedback

Criteria
The health service has formal evaluation mechanisms and informal opportunities to gather feedback from supervisors and senior staff on all aspects of the PTP, all accreditation standards and criteria, and other factors, which may influence the clinical and/or educational experience of prevocational doctors.

Evidence
- Documentation of feedback mechanisms provided to supervisors and senior staff, and relevant policy documents.
- Accreditation survey interviews.

2.5 Identification of opportunities for improvements

Criteria
The health service regularly evaluates and reviews its PTP and infrastructure to ensure that standards are being maintained. The processes must check program content, quality of teaching and supervision, assessment and trainees’ progress.

The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.

Evidence
- Documentation of review mechanisms, relevant policy documents and relevant PTC minutes.
- Cover letter from DPGME or WA General Practice Education and Training. This letter should include the accreditation level recommended, identified deficiencies, recent or planned improvements and other forecast changes to the term.
- Accreditation survey interviews.

2.6 Health service orientation

Criteria
The health service provides orientation to all prevocational doctors, including information about (but not limited to):

- health service policies, procedures, and structure
- key contact people
- their roles and responsibilities
- counselling services
• resuscitation training and assessment
• appraisal, assessment and evaluation mechanisms
• access to education resources
• emergency procedures
• use of and access to information technology and resources.

Evidence

Content page of the orientation manual.

The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.

Electronic documents referenced during prevocational doctor orientation.

Please note these documents do not need to be printed but must be available to the surveyors upon request.

Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

Accreditation survey interviews.

2.7 Clinical opportunities

Criteria

The health service provides prevocational doctors with terms of appropriate length, quality and content to ensure the attainment of necessary clinical experience and which reflects the Australian Curriculum Framework for Junior Doctors.

Evidence

Statement of ‘Term Objectives’.

The statement of term objectives should be as it is provided to the prevocational doctor during orientation and include the clinical and non-clinical skills obtainable during the term.
Timetable of weekly clinical and education sessions of prevocational doctors in the rotation.

The prevocational doctor weekly timetable should include teaching time and clinical duties. This may be replaced by copies of the prevocational doctor’s duty roster including formal education programs and of the job description should they provide the information requested.

Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

Basic clinical activity statistics per department and for the hospital or practice.

Statistics required are:

- Workforce - Medical establishment
  Activity – Average monthly separations by discipline
  Beds – Distribution per discipline
  Casemix – Procedural and non-procedural, emergency and elective
    – Outpatient Activity per discipline

Statistics may be excerpts from the rotation annual report although recent statistics are highly desirable.

Accreditation survey interviews.

2.8 Formal education opportunities

Criteria

The health service provides ‘protected’ formal education opportunities, which are relevant to the needs of the prevocational doctor and the clinical needs of the health service, and reflect the Australian Curriculum Framework for Junior Doctors. The health service documents attendance of and participation in ‘protected’ formal education opportunities. Attendance is compulsory for interns (PGY1) and is encouraged or compulsory for PGY2+ prevocational doctors.

Evidence

- Copy of the formal education timetable.
- Copy of relevant policy and summary of program implementation over last 12 months.
2.9 Performance management processes

Criteria
The health service has a system in place for recognising and supporting prevocational doctors who are achieving below expected levels at the initial stages in order to ensure a management plan is developed and implemented in a timely manner.

The PTP has clear procedures to immediately address any concerns about patient safety related to the performance of prevocational doctors.

The health service establishes review groups when appropriate to assist with more complex decisions on remediation of prevocational doctors who do not achieve satisfactory supervisor assessments.

The system and processes meet the Australian Medical Council standards and requirements for intern assessment and remediation.  

Evidence
- Copy of relevant policy and documents for the performance management process.
- Accreditation survey interviews.

2.10 Personal support

Criteria
The health service has mechanisms for:

- effectively dealing with issues, concerns and grievances raised by prevocational doctors, including appropriate counselling mechanisms and confidentiality
- identifying prevocational doctors with particular needs
- career guidance
- supporting and promoting the professional development of prevocational doctors
- encouraging prevocational doctors to take responsibility for their personal health and well-being.

Evidence
- Copy of relevant policies and procedures for dealing with issues, concerns and grievances.
Copy of relevant policies and procedures for identifying prevocational doctors with particular needs.

Copy of relevant procedures and other documentation relating to the provision of career guidance to prevocational doctors.

Copy of relevant policies and procedures for supporting and promoting the professional development of prevocational doctors and encouraging them to take responsibility for their personal health and well-being.

Accreditation survey interviews.

2.11 Safe and flexible work practices

Criteria
The health service provides safe and flexible work practices, including:

- rosters that balance the service needs of the health service with safe working hours for prevocational doctors
- flexible working hours
- systems to facilitate prevocational doctors seeking job share arrangements
- accommodating where possible, the requests of the prevocational doctor in accessing leave entitlements through a transparent, fair and practical process
- terms and conditions of employment in accordance with the Award
- guiding and supporting supervisors and prevocational doctors in the implementation and review of flexible training arrangements
- flexible training arrangements for interns that are consistent with the registration standard.

Evidence

- Copy of relevant policies, procedures and documents for providing safe and flexible work practices.
- Accreditation survey interviews.

2.12 Physical facilities and amenities

The health service provides a physical environment and amenities that support the well-being of prevocational trainees. These include 2.12.1 - 2.12.4.

Evidence

- Content page of the orientation manual.
The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.

Electronic documents referenced during prevocational doctor orientation.

Please note these documents do not need to be printed but must be available to the surveyors upon request.

Site visit.

Accreditation survey interviews.

2.12.1 Security in physical amenities

Criteria

Each health care facility provides a safe and comfortable working environment for all prevocational doctors including:

- adherence to occupational health and safety legislation
- the provision of sufficient lighting inside and in the immediate vicinity of the hospital to provide a safe and secure working environment including an after-hours access point and route from the car park
- secure car parking spaces which:
  - are within close proximity of the facility area in which the doctor is working
  - provide close proximity parking to the emergency department at night
  - are sufficiently illuminated at night.
- appropriate heating and cooling facilities
- a secure storage area for personal belongings (e.g. rooms, cupboards or lockers).

2.12.2 Physical space for consuming meals, relaxation and communication

Criteria

Each health care facility provides a doctors’ common room, or equivalent, available 24 hours per day (or when doctors are rostered on duty) that provides a private area where prevocational doctors can go to rest, eat, and informally meet, debrief and obtain peer support from other doctors. The room size should reflect the maximum number of medical staff that works any given shift. It should have lounge, dining and kitchen facilities and:

- There should be secure access to doctors e.g. swipe card.
- The room should contain hot/chilled water, tea and coffee making facilities, and other kitchen equipment for the preparation and serving of food such as crockery and cutlery, kitchen utensils, refrigerator, microwave, toaster, a sink/washing up area, bins and general storage cupboards.

- There should be a suitable sitting area (lounge chairs, and dining table and chairs), that includes a telephone (with appropriate access to STD facilities), and after hours a television and radio.

- There should be ready access to a computer terminal with word processing facilities, a printer, and access to test results and other clinical data.

- Bathroom and locker facilities should be nearby.

### 2.12.3 On-call and rest area amenities

**Criteria**

Each health care facility provides a physical space that is quiet and separate from patients and relatives and provides a bed for rest or sleep. This is achieved by providing comfortable, clean, safe and accessible overnight accommodation for prevocational doctors rostered on-call or otherwise requiring such accommodation including:

- a separate bedroom that is private and is appropriately furnished including a bed (with clean linen), chair, telephone, hanging space for clothes, and a secure storage area for personal belongings

- private bathroom facilities.

- access to nutrition on a 24-hour basis.

### 2.12.4 Provision of nutrition during and after ordinary working hours

**Criteria**

Each health care facility provides access to nutrition on a 24-hour basis through:

- a physical space to eat away from patients and relatives

- access to quality food and beverages after hours that conform to Department of Health guidelines.

### 2.13 Learning and workspace facilities

The health service provides a physical environment and amenities that support the well-being of prevocational doctors. These include 2.13.1 - 2.12.3.

**Evidence**

Content page of the orientation manual.
The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.

Electronic documents referenced during prevocational doctor orientation.

Please note these documents do not need to be printed but must be available to the surveyors upon request.

Site visit.

Accreditation survey interviews.

2.13.1 Communication facilities during and after ordinary working hours

Criteria
Each health care facility will provide services that facilitate communication during and after ordinary working hours for use of medical officers with:

- the provision of communication technology required for medical officers who are on duty and on call, at no cost to the staff member (eg. mobile telephone)
- "pigeon holes" or an acceptable alternative for individual prevocational doctors where hard copy mail may be left
- a suitably placed notice board to facilitate communication between doctors within the facility
- work email access.

2.13.2 Workspace in a clinical environment

Criteria
Each health care facility provides a physical space that promotes productivity and communication in the clinical environment. This area should contain:

- an office for prevocational doctors to meet, debrief and undertake work of a sensitive nature in an environment that provides privacy and security (differing types of office accommodation may be required according to the functional needs of medical officers)
- a desk and chair
- a telephone
- access to a computer terminal with word processing facilities, and access to test results and other clinical data
- internet access
• access to test results and other clinical data
• access to printer/copier/fax facilities and consumables
• storage space for personal belongings and work equipment including reference material.

2.13.3 Learning facilities

Criteria
Each health care facility provides attending prevocational doctors the following learning facilities in a quiet environment:

• access to a desk/carrel with chair in a separate area for quiet study
• access to appropriate computer facilities (to include internet, word processing, printing, access to diagnostic results and online library services if no library is available) appropriate to the size of the prevocational trainee workforce
• access to suitable facilities for presentations/tutorials with appropriate audio visual technology
• library services including access to relevant clinical information.
3. **Unit/Department/Practice Prevocational Training**

3.1 **Term orientation**

**Criteria**

The Unit/Department/Practice provides orientation to all prevocational doctors at or immediately before, the commencement of each term. Orientation to the term should include written and verbal briefings on (but not limited to):

- key contact people, including the nominated term supervisor
- their roles and responsibilities
- their timetable including education and clinical activities
- learning objectives for the term against the Australian Curriculum Framework for Junior Doctors
- assessment, appraisal and evaluation mechanisms
- physical facilities, including evacuation points
- use of and access to information technology and resources
- relevant policies and procedures and access instructions.

**Evidence**

- Content page of the orientation manual.

  The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.

- Electronic documents referenced during prevocational doctor orientation.

  Please note these documents do not need to be printed but must be available to the surveyors upon request.

- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

  If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

- Accreditation survey interviews.
3.2 Educational opportunities

Criteria

The Unit/Department/Practice provides:

- valuable bedside teaching and other informal education opportunities which reflect the Australian Curriculum Framework for Junior Doctors as part of all rotations
- balanced clinical opportunities for prevocational training
- identification of the relevant global outcome statements\(^4\) and the skills and procedures that can be achieved in that rotation, along with the nature and range of clinical experience available to meet these objectives.

Evidence

- Statement of ‘Term Objectives’.
  
The statement of term objectives should be as it is provided to the prevocational doctor during orientation and include the clinical and non-clinical skills obtainable during the term.

- Timetable of weekly clinical and education sessions of prevocational doctors in the rotation.
  
The prevocational doctor weekly timetable should include teaching time and clinical duties. This may be replaced by copies of the prevocational doctor’s duty roster including formal education programs and of the job description should they provide the information requested.

- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.
  
If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

- Accreditation survey interviews.

3.3 Term supervisors

Criteria

Each Unit/Department/Practice has a term supervisor, who is responsible for ensuring the adequacy and effectiveness of education and training for the prevocational doctor.

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\(^4\) Australian Medical Council - National Internship Framework - Intern training - Intern outcome statements
Evidence
- List of term supervisors.
- Accreditation survey interviews.

3.4 Supervision

Criteria
The Unit/Department/Practice ensures that prevocational doctors are supervised as appropriate to their needs (predetermined by the health service setting, type of term, experience and skill level of the prevocational trainee). In health services where a registrar or equivalent is not employed, attending medical officers must be available at short notice (see Appendix I: Policy: Supervision of Prevocational Doctors).

Evidence
- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

- Documents outlining supervision arrangements including supervisor timetables.
- Accreditation survey interviews.

3.5 Supporting prevocational doctors taking responsibility

Criteria
The Unit/Department/Practice encourages prevocational doctors to assume responsibility commensurate with their own ability, skills and experience.

Evidence
- Statement of ‘Term Objectives’.

The statement of term objectives should be as it is provided to the prevocational doctor during orientation and include the clinical and non-clinical skills obtainable during the term.

- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is
recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

- Copy of relevant policies and procedures.
- Accreditation survey interviews.

### 3.6 Appraisal mechanism

#### Criteria

The Unit/Department/Practice has a system for ongoing feedback between supervisors and prevocational doctors, including feedback on strengths, areas for improvement and strategies for meeting identified objectives.

Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.

#### Evidence

- Copy of documents outlining feedback arrangements and mechanisms provided to prevocational doctors.
- Content page of the orientation manual.
  
  The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.
- Electronic documents referenced during prevocational doctor orientation.
  
  Please note these documents do not need to be printed but must be available to the surveyors upon request.
- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.
  
  If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.
- Accreditation survey interviews.
3.7 Assessment mechanism

Criteria

The Unit/Department/Practice has a system for the regular formal assessment of prevocational doctors, which involves input from consultants, registrars, nursing staff and other health professionals, as appropriate.

The intern training program documents the assessment of the intern's performance in a process consistent with the Medical Board of Australia and Australian Medical Council requirements as articulated in the registration standard and national internship framework.

Evidence

Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

Accreditation survey interviews.

3.8 Prevocational doctors are informed of the assessment and appraisal processes

Criteria

The term supervisor clearly explains the criteria, process and timing of the assessment and appraisal processes to prevocational doctors.

Evidence

Content page of the orientation manual.

The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.

Electronic documents referenced during prevocational doctor orientation.

Please note these documents do not need to be printed but must be available to the surveyors upon request.

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Medical Board of Australia - Registration Standard - Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training

Australian Medical Council - National Internship Framework
Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

Accreditation survey interviews.

3.9 Achievement below expected level

Criteria
Supervisors understand and appropriately implement systems in place for the identification of prevocational doctors who are achieving below expected level. Prevocational doctors are aware of performance management processes and systems.

Evidence

- Copy of relevant policy and documents for the performance management process.
- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.

If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

Accreditation survey interviews.

3.10 Obtaining consent to treatment by prevocational doctors

Criteria

- The Unit/Department/Practice that employs prevocational doctors has a policy in place that outlines those procedures that a prevocational doctor would be expected to be comfortable enough to obtain consent, would not be expected to obtain consent and those which may vary depending on the individual patient and the experience of the prevocational doctor.

- The Unit/Department/Practice should have procedure specific information sheets as per the Department of Health, Western Australia (DOHWA) website that can be used by the prevocational doctor to gain an understanding of the procedure.

- The Unit/Department/Practice has a list of procedures applicable to the unit with information about access to procedure specific information sheets for procedures.
that the prevocational doctor may be asked to obtain consent. These are provided to the prevocational doctor by the term supervisor as part of the orientation to the Unit/Department/Practice.

**Evidence**

- Copy of policy and lists of reasonable procedures for which a prevocational doctor would be expected to obtain consent and to not obtain consent.

- Copy of DOHWA procedure specific information sheets accessible to prevocational doctors within the Unit/Department/Practice.

- Copy of orientation paperwork that includes a list of procedures and information about access to procedure specific information sheets for procedures that the prevocational doctor may be asked to seek consent.

- Accreditation survey interviews.

**3.11 Sufficient case numbers and case mix to provide adequate learning opportunities**

**Criteria**

The Unit/Department/Practice provides sufficient patient numbers and case mix to provide adequate patient exposure and clinical opportunities for prevocational doctors, to obtain and practice the skills outlined by the Australian Curriculum Framework for Junior Doctors.

**Evidence**

- Cover letter from DPGME or WA General Practice Education and Training. This letter should include the accreditation level recommended, identified deficiencies, recent or planned improvements and other forecast changes to the term.

- Basic clinical activity statistics per department and for the hospital or practice.

Statistics required are:

- Workforce - Medical establishment
- Activity – Average monthly separations by discipline
- Beds – Distribution per discipline
- Casemix – Procedural and non-procedural, emergency and elective
  - Outpatient Activity per discipline

Statistics may be excerpts from the rotation annual report although recent statistics are highly desirable.

- Accreditation survey interviews.
1. ROLE AND RESPONSIBILITY

The role and function of the Accreditation and Standards Committee is to:

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

2. ACCOUNTABILITY

The Committee is accountable to the PMCWA for the development of standards and accreditation of training positions and institutions. The Committee will report to the PMCWA on its strategies and performance indicators at meetings of the Council.

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7 All appendices are included as they were when endorsed by the identified Committee. These may include variations to terminology and formatting as otherwise standardised within this document.
3. TERMS OF REFERENCE

The Accreditation and Standards Committee has delegated responsibility and authority for the following areas:

3.1. To inform, advise and implement the work of PMCWA in the development of standards and the accreditation of training positions.

3.2. Develop and implement accreditation standards and guidelines for prevocational education and training in Western Australia, in line with national, state objectives and vocational training pre-requisites. This includes ensuring that all prevocational positions offer sufficient experience, education, training, supervision, assessment and feedback.

3.3. Accredit prevocational training positions that meet national and state standards.

3.4. Oversee further development and implementation of the accreditation process, including the recruitment, training and management of accreditation surveyors and implementation of periodic reviews.

3.5. Report to the PMCWA on the outcomes of the accreditation reviews.

3.6. Assist health services in ensuring that the intern, also known as postgraduate year one medical officer (PGY1), has completed all necessary requirements for recommendation to the Medical Board of Australia (Western Australian Board) to progress general registration as a medical practitioner.

3.7. Advise the PMCWA on issues that affect the development of standards and accreditation of prevocational training positions.

3.8. Promote and/or undertake projects/research related to the development of standards and the accreditation of prevocational training positions.

4. MEMBERSHIP

4.1. Members will be endorsed by the Chair of PMCWA and the Committee. Members are to be formally invited by the Chair, Accreditation and Standards Committee via letter outlining the role of the member and providing a copy of the Terms of Reference.

4.2. Member organisations/stakeholder groups may appoint multiple representatives to the Committee. The number of such representatives shall be endorsed by the Chair of PMCWA and the Committee.

4.3. Should members be unable to attend a meeting of the Committee, a proxy will be permitted. The proxy will need to be able to make decisions on behalf of the member and the organisation or stakeholder group represented.

4.4. Should a representative resign membership of the Committee, a written notice should be provided to the Chair and noted by the Committee at the next meeting. The Chair will acknowledge the resignation in writing and request nomination of a replacement by the outgoing representative or the member organisation / stakeholder group. The Committee may make a recommendation to the member organisation / stakeholder group on the replacement representative.

4.5. Should a member organisation / stakeholder group withdraw from the Committee, a written notice must be provided to the Chair and noted by the Committee at the next meeting. The Committee may recommend another organisation or stakeholder group for membership of the Committee. The withdrawal and recommendation must be endorsed by the Chair of PMCWA prior to the next Committee meeting and by the Council at their next meeting.

4.6. The Terms of Reference will be updated to reflect changes to membership by organisations or stakeholder groups. Updated copies of the Terms of Reference will be endorsed by the Committee and the Council at their next meetings.
4.7. Minutes of attendance shall be ordered as the list of members below:

<table>
<thead>
<tr>
<th>Full Members</th>
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<tbody>
<tr>
<td>Chair of Accreditation and Standards Committee (Appointed by Council)</td>
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</tr>
<tr>
<td>Deputy Chair of Accreditation and Standards Committee (Appointed by Council)</td>
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<tr>
<td>Former Chair, Postgraduate Medical Council of WA</td>
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<td>Representative/s of Accreditation Surveyors</td>
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<td>Representative of Metropolitan Health Services</td>
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<td>Representative of Country Health Services</td>
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<td>Representative/s of Private Hospitals (Ramsay Health Care)</td>
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<td>Representative/s of Private Hospitals (St John of God Hospitals)</td>
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5. OPERATING PROCEDURES

**Out of Session Decisions**

The Chair of the Accreditation and Standards Committee may award Provisional Accreditation; make appropriate alterations to a Surveyors scope of accreditation responsibilities or any other status conferrable by the Committee between meetings. All such decisions must be reported and are subject to approval/confirmation by the Committee at its next meeting. Refer to PMCWA policy Procedure for Out-of-session Decisions for more information.

For urgent items on which the Chair seeks the Committees’ decision, consultation and vote may be undertaken via email. However, all such decisions should be reported to and confirmed by the Committee at its next meeting.

**Meetings**

The Committee will meet 8 times a year. Meetings dates will be scheduled 6 weekly, subject to approval by the Committee. Meetings in December and January may be rescheduled out of alignment to accommodate public holidays and leave periods.

**Quorum**

A quorum comprises of seven (7) appointed members.
Decision making
While it is preferred that the committee reaches decisions by consensus, if this is not possible, a decision supported by a majority of the votes cast at a meeting at which a quorum is present, is the decision.
In the event of an equality of votes, the chair has a second or casting vote.

Secretariat
The Manager and Program Officer, PMCWA Secretariat will be Secretary to the Committee, but will not be voting members of the committee. Majority of secretariat functions will be performed by the Program Officer (Accreditation).

Agenda
The agenda and other meeting documents will be circulated five (5) working days prior to a meeting.

Minutes
The minutes, action list and other meeting documents will be circulated within five (5) working days after a meeting.
Draft minutes will be circulated to the PMCWA Chair, Manager, and Program Officer, and as requested by Committee members. Draft and finalised minutes will be circulated by email.

Adoption and Amendment of the Terms of Reference
The Terms of Reference will be altered only with the approval of the Chair of the Committee, and subsequently endorsed by the Committee and Council members at their next meetings.
Additional consultation with relevant stakeholder groups external to the Committee (e.g. JMO Forum, Health Service Executives) will be carried out as the proposed amendments relates.
The Terms of Reference and membership will be reviewed as an agenda standing item by the Committee annually.

SUPPORTING DOCUMENTS

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Appendix B: Procedure: Out of Session Decisions by Chair of the Accreditation and Standards Committee

SCOPE
This policy applies to all out of session decisions made by the Chair, Accreditation and Standards Committee, PMCWA.

POLICY STATEMENT
The Postgraduate Medical Council of Western Australia Accreditation and Standards Committee Terms of Reference note 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.”

PRINCIPLES
1. An urgent out-of-session decision of the Accreditation and Standards Committee may be made without a committee meeting by the Chair, Accreditation and Standards Committee.

2. Out-of-session decisions include the awarding of provisional accreditation, a change to Surveyor status or any other status conferrable by the Committee.

3. All out-of-session decisions must be sufficiently documented to justify the decision made and to allow discussion and at the next Committee meeting. This includes a clear summary of the implemented decision and information used in the decision-making process, including information submitted by the health service.

4. The Chair must be satisfied, before a decision is reached that all documentation and information required for a decision to be made has been received.

5. The Chair must take reasonable steps to confirm information received and acquire any further needed information on which to base their decision.

6. The Chair shall inform the Health Service and PMCWA Secretariat of the decision taken so that they can take the necessary steps to implement that decision.

7. The Chair shall document the information gathered, decision made and implementation undertaken using the appropriate form and copies shall be included with the agenda for the next Accreditation and Standards Committee meeting.

8. The decision shall be placed on the agenda for the next Accreditation and Standards Committee meeting for consideration.

9. The Health Service will be informed of the Committee’s decision.
PROCEDURE

Requirement for out-of-session (OOS) decision by Chair, Accreditation and Standards Committee

Document reason for OOS decision - OOS decision form

Confirm info received; acquire further info needed

Document info gathered, decision made and implementation - OOS decision form

Inform Health Service and PMCWA Secretariat of decision

OOS decision → item on next Accreditation and Standards Committee meeting agenda; include OOS decision form

Committee decision

OOS decision approved

OOS decision deferred - subject to further info/clarification

Health Service to be informed of approval or deferral of decision

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Figure 1 Out-of-session decision procedure summary
Out of Session Decision
by Chair of Accreditation and Standards Committee

**Decision Type**

- **Award accreditation**
  - Full accreditation
  - Provisional accreditation (Subject to surveys and reports meeting accreditation criteria.)
  - Provisional accreditation (Accreditation to be withdrawn unless listed conditions are met.)
  - Accreditation not awarded

- **Award a change to surveyor status**
  - Lead surveyor
  - Support surveyor

- **Award a change to any other status conferrable by the Committee**

**Decision Made:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Supporting Information:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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**Why Out of Session Decision Was Needed:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Implementation to date:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Chair’s signature:

_________________________________________
Appendix C: Procedure: The Appeal Process

SCOPE

This policy applies to health services that wish to appeal against an accreditation status awarded by PMCWA after an accreditation survey.

POLICY STATEMENT

PMCWA is committed to supporting and facilitating the education and training of prevocational doctors in Western Australia. One of the Council's key objectives is an open and transparent accreditation system, supported by efficient and effective processes. PMCWA recognises that on occasion the awarded status following an accreditation survey may be subject to dispute. The following procedure provides the formal mechanism for health services to appeal PMCWA decisions regarding accreditation awards.

PROCEDURE

1. Lodging the appeal

   1.1. A health service may lodge an appeal within 30 days of being advised of its accreditation status following an accreditation survey by PMCWA.

   1.2. Applications to appeal should be addressed to the Secretariat, PMCWA and include detailed information and comments on:
   - The accreditation decision which it is appealing
   - The grounds of appeal

   1.3. 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.

   1.4. A further 30 days will be allowed for the health service to provide all supporting documentation/evidence, in writing, substantiating the case and grounds of appeal.

   1.5. An amount of $4,000 is to be forwarded for administrative costs when an appeal is lodged. Health services may also be liable for any additional costs incurred during the appeal.

   1.6. Once received by the Secretariat, appeal documentation will be forwarded to the Accreditation and Standards Committee and the accreditation survey team coordinator for written comment. A meeting will then be arranged for the Appeal Committee to consider the application.

2. The Appeal Committee

   2.1. The Appeal Committee shall consist of the following members:
- The Chair, PMCWA
- A nominee of the appellant health service
- A nominee of the Medical Board of Australia (WA Board)
- A nominee of the Department of Health, WA
- A third party independent/interstate accreditation surveyor

2.2. A "nominee" is an individual:
- independent of the Postgraduate Medical Council of Western Australia
- independent of the Accreditation and Standards Committee
- not employed by, nor appointed to the appellant health service.

2.3. All members of the Appeal Committee are entitled to vote on decisions and the outcome of the appeal will be decided on the basis of majority vote. In the event of a tied vote, the Chair will exercise a casting vote.

2.4. All members of the Appeal Committee are obliged to ensure that the rules of natural justice are observed.

3. The appeal process

3.1. The Appeal Committee will consider the case and grounds for lodging the appeal and review all relevant written documentation.

3.2. The appellant health service will retain its previous accreditation status prior to the accreditation survey during the review and appeal process.

3.3. There will be no legal representation, nor provision for personal representation by the appellant health service. Consideration of the appeal shall be solely on the basis of review of written documentation.

3.4. The Appeal Committee will make a decision within 3 months from the lodging of the appeal application.

4. Findings

4.1. On completion of the appeal, the PMCWA Chair will communicate one of the following decisions:
- To uphold the original accreditation decision; or alternatively,
- Where reasonable doubt is established as to the accreditation status awarded, to revoke the decision and recommend a re-survey of the health service. Such a survey will focus on the specific areas wherein there exists uncertainty.

4.2. The Accreditation and Standards Committee will be bound to accept the decision of the Appeal Committee.

4.3. In the event of a re-survey being conducted:
- A new survey team will be appointed.
- No appeal process will be available.

SUPPORTING DOCUMENTS

Postgraduate Medical Council of Western Australia. (2014). *Procedure for Amendments to Survey Reports and Award Recommendations.*


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Appendix D: Policy: Accreditation Program and Awarding Conditions

SCOPE

This policy applies to the development of accreditation standards and criteria against which health care facilities and prevocational doctor terms within Western Australia (WA) are accredited for the education and training of prevocational medical practitioners.

POLICY STATEMENT

PMCWA is committed to supporting the education and training of doctors in Western Australia. One of the Council’s key objectives is to ensure an open and transparent accreditation system that is supported by efficient and effective processes.

DEFINITIONS

<table>
<thead>
<tr>
<th>Accreditation:</th>
<th>A status that is conferred on an organisation/unit/department/practice when they have been assessed as having met particular standards.</th>
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<tr>
<td>Term:</td>
<td>A defined period of employment in an organisation/unit/department/practice.</td>
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PRINCIPLES

1. It is a requirement of the Medical Board of Australia that all placements for interns in WA be accredited by PMCWA.

2. Prevocational training positions will be assessed for accreditation based on performance against PMCWA standards.

3. The Accreditation and Standards Committee is responsible for awarding accreditation status to the organisation/unit/department/practice based on the recommendations of the surveyors.

4. Full accreditation indicates that the organisation/unit/department/practice demonstrates compliance with all current accreditation criteria. Full Accreditation is not subject to compliance with conditions although recommendations for further improvement may be made.

5. Provisional accreditation (subject to surveys and reports meeting accreditation criteria) indicates substantial compliance with the majority of the accreditation criteria. PMCWA will require verification by the date as determined by the survey team that the organisation/unit/department/practice has implemented any improvement measures outlined by the survey team. Full accreditation may be granted upon confirmation that deficiencies have been rectified and milestones met.

6. Provisional accreditation (accreditation to be withdrawn unless listed conditions are met) indicates the organisation/unit/department/practice meets many of the standards but there are deficiencies warranting attention. The accreditation is conditional on
changes required by PMCWA being implemented and reporting requirements met. If the changes are not implemented successfully and/or reporting requirements are not met, accreditation and the prevocational doctor position will be withdrawn. PMCWA, as represented by the survey team and the organisation/unit/department/practice are responsible for negotiating achievable deadlines for improvement and reporting obligations. These are to be identified in the survey report.

7. The Accreditation award for a term or health service will remain valid or be extended until the most recent survey report has been endorsed by the Accreditation & Standards Committee. This is conditional upon an accreditation survey occurring before the accredited period ends.

8. Part or all of the previous award may be valid to the remainder of the term or a period specified by the Accreditation and Standards Committee, at the Committee’s discretion. For example, a ‘Core’ term reviewed in Term 2 may be approved to remain a ‘Core’ term for the whole term or to the end of the current intern year, even if the classification is changed and endorsed half way through the term.

9. An Accreditation award for a term will lapse and expire if an accreditation survey is not organised prior to the survey due date unless the Accreditation & Standards Committee or Chair of Accreditation approves an extension until a set date or after an allocated period. For example, the accreditation award for a term may be extended until a survey is organised after a JMO has been placed in the position for 6 months.

10. The length of accreditation is not linked to the accreditation level. The minimum length of accreditation awardable is 3 months and the maximum 36 months before reaccreditation by PMCWA is required.

11. The maximum accredited period awardable for newly accredited health services and terms is 12 months. A second review (survey or report) is required within twelve months of the first on-site survey.

12. An organisation/unit/department/practice may appeal against a decision on accreditation as per PMCWA policy [Appeals to Accreditation awarded by the Committee](#).

13. Terms which fail to achieve accreditation status after appropriate review will not be considered suitable for employment of prevocational trainees until corrective action is taken.

14. The appointment of prevocational doctors to an accredited term is at the discretion of the employing and placement authority. However, if appointed, the term should at a minimum, maintain the same quality of education and training as at the most recent accreditation review.

15. PMCWA must be notified of any changes that may significantly impact upon the education and training of prevocational doctors. Failure to do so may affect the accreditation status.

16. PMCWA must be notified as soon as possible by the employing health service of any prevocational doctor placed in a term not accredited by PMCWA. An assessment of the term will occur within 8 weeks of the tendered notice.

17. Accreditation standards and guidelines will be reviewed every 2 years or as required to reflect best practice and changes in medical and training standards.

18. Each term will be classified according to the experience available. Classification will
be assessed in line with definitions and instructions provided in the Medical Board of Australia registration standard for *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* and the Australian Medical Council National Internship Framework *Intern training - Guidelines for Terms*.

**SUPPORTING DOCUMENTS**


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Appendix E: Procedure: Preliminary Accreditation of New Prevocational Doctor Training Positions in Currently Accredited Health Services

SCOPE
This policy applies to currently accredited health services with accredited positions effecting significant changes to its training capacity or structure. This includes:

- Creating new accredited PGY1/PGY2+ positions in a unit/department/practice with current accredited positions
- Creating new accredited PGY1/PGY2+ positions in a unit/department/practice that does not have previously accredited positions
- Accrediting PGY1 positions which has only been accredited for PGY2 and above.

This policy will enable these positions to be granted Provisional Accreditation status expeditiously and therefore without disruption to the prevocational doctor’s education and training.

POLICY STATEMENT
The Postgraduate Medical Council of Western Australia (PMCWA) is responsible for accrediting all prevocational training positions in Western Australia (WA) to ensure positions meet national and state standards of prevocational medical education. The Medical Board of Australia requires that all PGY1 doctors are placed in accredited positions and the Department of Health, Western Australia requires that all PGY2+ positions into which employees are placed are accredited.

With the increased number of medical graduates and subsequent requirements for additional prevocational training positions, there may be circumstances where new positions within Primary Employing Health Service (PEHS) and placement health services require prompt accreditation approval. This policy establishes a preliminary accreditation protocol to award a unit/department/practice within scope Provisional Accreditation upon a review of the level of supervision and training to confirm it is appropriate for prevocational doctors in an efficient manner.

OBJECTIVES
The objectives of the preliminary accreditation protocol are:

- To ensure all terms where prevocational doctors are employed in the WA public health system are placed in accredited positions
- To ensure prompt accreditation can occur when new positions are identified with a request to be filled in a short time frame
- To avoid non-compliance which may result in:
  - Delays for health services, as they will be required to undergo the full accreditation process before being able to place a prevocational doctor into the position.
  - Prevocational doctors being placed into unaccredited positions by health services, placing patients at greater risk.
PROCEDURE FOR PRELIMINARY ACCREDITATION APPLICATION

For all preliminary accreditation applications, email communication to the Chair, PMCWA Accreditation & Standards Committee (cc Secretariat, PMCWA) will be accepted in the first instances with a follow-up letter disclosing further application details (see procedure summary below).

---

**Application for Pre-accreditation Survey**
Contact PMCWA secretariat to request a pre-accreditation survey. Information required:
- Date suitable for survey - immediately
- Completed timetable – as soon as possible
- Documents as requested by PMCWA – by agreed deadlines, usually 2-3 weeks prior to pre-accreditation survey

---

**Pre-accreditation Survey**
PMCWA Accreditation Survey Team will meet with health service DPGME and Head of Department of the unit/department seeking accreditation. The survey team will review evidence and documentation provided through the application process.

---

**Application for Out of Session Decision by Accreditation & Standards Committee Chair, PMCWA**
Formal application Accreditation & Standards Committee Chair, PMCWA (cc Secretariat) for Out of Session Decision, to be ratified by Committee at the next scheduled meeting:
Key requirements to be met by the health service (additional information may be requested at discretion of PMCWA):
- Evidence supporting the requirement for prompt accreditation
- Analyse proposed term/change to determine whether the unit seeking accreditation will continue to meet PMCWA accreditation standards and criteria
- Particular consideration should be given to clinical and educational opportunities and support
- Outline any innovations since the previous survey and implementation of recommendations made.

---

Accreditation & Standards Committee Chair, PMCWA will respond with approval, refusal or a request for further information.
RESPONSIBILITIES

The Accreditation and Standards Committee, PMCWA has principal responsibility for adherence to the preliminary accreditation protocol. Depending on the circumstances of the health service seeking accreditation, special considerations may be applicable to the preliminary accreditation process at the discretion of and upon approval by the committee.

The Executive Committee, PMCWA will be responsible for maintaining adequate resourcing and staffing to support the effective adherence to the protocol regarding all preliminary accreditation requests from Health Services.

The PMCWA Secretariat will be responsible for:

- Operational adherence to the preliminary accreditation protocol
- Ensuring that health services seeking preliminary accreditation are clearly informed of the preliminary accreditation processes available to them and the required actions.

The applying health service will be responsible for adhering to outcome requirements as part of the preliminary accreditation survey process, including:

- Completion of health service term evaluations by each prevocational doctor occupying the position for which accreditation is being sought.
- Ensure the Director of Clinical Training (DCT) makes contact with the prevocational doctor at the beginning, mid-way through and at the end of the term.
- Ensure the DCT makes contact with the Term Supervisor and/or the Head of Department at the beginning, mid-way through and at the end of the term.
- Reporting on the above activities at the conclusion of each term to PMCWA.

CONDITIONS OF AWARD

Provisional Accreditation (Subject to surveys and reports meeting accreditation criteria.) will be awarded subject to surveys and reports demonstrating compliance with PMCWA Accreditation Standards and Criteria. This accreditation can be for no more than 12 months. Formal correspondence will be issued by the Chair of PMCWA to the health service following PMCWA Accreditation and Standards Committee endorsement.

PMCWA will review the accreditation status granted halfway through the prevocational doctors’ term.

Should PMCWA refuse to grant accreditation status, the health site is required to implement PMCWA recommendations prior to initiating a new PMCWA preliminary accreditation or accreditation survey request.

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Appendix F: Policy: Accreditation Survey Team Selection Criteria

SCOPE

This policy applies to all survey teams appointed by the Postgraduate Medical Council of Western Australia (PMCWA) to survey health service facilities in Western Australia.

POLICY STATEMENT

PMCWA is committed to supporting and facilitating the education and training of doctors in Western Australia. One of the Council’s key objectives is an open and transparent accreditation system, supported by efficient and effective processes. To meet this objective, this policy specifies the survey team selection criteria to ensure that accreditation surveyor team members are appropriately qualified, experienced and impartial. The policy aims to maintain skilled and unbiased survey teams to ensure that the Accreditation system continues to work at a consistently high level.

DEFINITIONS

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<th>Term</th>
<th>Description</th>
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<td>Accreditation</td>
<td>A status that is conferred on an organisation or Unit/Department/Practice when the Organisation/Unit/Department/Practice has been assessed as having met particular standards.</td>
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<td>Lead Surveyor</td>
<td>Appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a lead surveyor. Except where an exception is made by the Committee to reflect a surveyor’s extensive experience, a lead surveyor shall have completed a minimum of 6 surveys including Primary Employing Health Service (PEHS) and placement health service surveys in both the private and public sector.</td>
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<tr>
<td>Support Surveyor</td>
<td>An individual who has been trained to perform an accreditation survey.</td>
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<tr>
<td>Trainee Surveyor</td>
<td>An individual who is being assessed to become a surveyor.</td>
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PRINCIPLES

1. Surveyors will be in one of the following categories:
   a) Medical practitioners in active practice, who have an interest and expertise in medical education and training. Persons who have been surveyors may continue to participate in survey teams after cessation of practice in medicine. The definition of “practice in medicine” includes any activity of which it is a requirement to be a medical practitioner. It is not a requirement that a surveyor should be in active clinical practice.
b) Health professionals, other than a medical practitioner, who have an interest and expertise in medical education.

c) Professionals, other than a medical or health professional, who have close and continuous contact with clinical practice and clinical education in the health system. These will be primarily, but not exclusively, Medical Education Officers.

2. Survey Teams will consist of a minimum of two people and compose of the following:
   a) lead surveyor (required) – a medical practitioner who satisfies requirements for a lead surveyor
   b) support surveyor (required)
   c) 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.

3. All surveyors should be appropriately credentialed in accordance with the Postgraduate Medical Council of Western Australia Policy: Credentialing of Surveyors (2014), PMCWA.

4. To avoid conflict of interest, surveyors will not accredit health care or placement health services where they are currently employed or proffer services. In some cases exceptions may be made, with prior approval from the Chair of the PMCWA Accreditation and Standards Committee. All members appointed to the survey team should declare any potential conflict of interest in accordance with PMCWA policy.

5. On occasions subject to PMCWA approval, local personnel may be permitted to observe some part of the survey. This must be approved by the lead surveyor and Chair or Deputy Chair of the Accreditation and Standards Committee prior to the survey. Such local personnel may include:
   a) a Director of Clinical Training;
   b) a Director of Postgraduate Medical Education; or
   c) a Medical Education Officer of the site or facility being surveyed.

6. At the request of the lead surveyor, local personnel who have been permitted to observe, may be asked to absent themselves during parts of the surveys. Any local observing will be only for specified relevant components of the accreditation survey.

**SUPPORTING DOCUMENTS**

Postgraduate Medical Council of Western Australia. (2014). *Confidentiality and Conflict of Interest of Surveyors*

Postgraduate Medical Council of Western Australia. (2014). *Credentialing of Surveyors*.

Postgraduate Medical Council of Western Australia. (2014). *PMCWA Accreditation Standards Guidelines*.

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POSTGRADUATE MEDICAL COUNCIL OF WESTERN AUSTRALIA

POLICY

Appendix G: Policy: Credentialing of Surveyors

SCOPE

This policy applies to all persons appointed by the Postgraduate Medical Council (PMCWA) to survey health service facilities within Western Australia.

POLICY STATEMENT

PMCWA is committed to supporting and facilitating the education and training of prevocational doctors in Western Australia. One of the Council’s key objectives is an open and transparent accreditation system, supported by efficient and effective processes. Appropriately skilled and experienced accreditation surveyors are essential to the success of the accreditation program. In order to maintain a high calibre of assessors and thereby ensure the accreditation reviews are conducted at a high standard, surveyors will be trained and assessed in accordance with the listed principals.

DEFINITIONS

| Credentialing | The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners and Department of Health, WA employees. Performed for the purpose of reviewing surveyor competency, performance and professional suitability to undertake accreditation surveys to ensure safe and high quality supervision, education and training within health services. |
| Verification | Relates to the process of citing, reviewing, inspecting and authenticating documents supplied by a potential surveyor to establish that the supplied documents, qualifications and references meet PMCWA surveyor standards and requirements. |
| Accreditation | A status that is conferred upon an organisation/unit/department/practice when it has been assessed as having met particular accreditation standards. |
| Trainee Surveyor | An individual who is being trained and assessed to become a surveyor. |
| Support Surveyor | An individual who has been trained to perform an accreditation survey. |
| Lead Surveyor | An appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a lead surveyor. Except where an exception is made by the Committee to reflect a surveyor’s extensive experience, a lead surveyor shall have completed a minimum of 6 surveys including Primary Employing Health Service (PEHS) and placement health service surveys in both the private and public sector. |
PRINCIPLES

1. Surveyor status (support and lead) is conferred by the Accreditation and Standards Committee. Lead surveyor assessments and other information received will inform this decision.

2. All surveyors will be assessed by an approved lead surveyor as defined by the PMCWA Accreditation and Standards Committee.

3. The following information/evidence should be considered as a part of initial credentialing:
   - Verification of the candidate’s educational and clinical qualifications
   - Scope and level of surveyor duties specific to the candidate
   - Review of the considered opinion of at least two professional referees who are able to advise on the candidate’s skills, competency and suitability for the scope of accreditation activity being sought

4. All surveyors are expected to be able to utilise their knowledge of the PMCWA Accreditation Standards and extensive workplace knowledge to review and assess the performance of organisations without bias.

5. Surveyors are expected to be able to provide feedback and advice to organisations on how to improve the education and training for prevocational doctors.

6. The appointment of a nominated person as a trainee surveyor must be approved by two of the following:
   - Chair, Accreditation and Standards Committee
   - Deputy Chair, Accreditation and Standards Committee or
   - Member of the PMCWA Executive Committee

7. Trainee surveyors will be registered by the PMCWA Secretariat which will coordinate assessment by lead surveyors, inform and forward reviews of the trainee surveyors to the Committee.

8. Trainee surveyors will observe a minimum of two surveys prior to being assessed except where an exception is made by the Committee to reflect a surveyor’s extensive experience.

9. Lead surveyors are responsible for the leadership and direction of each survey, assessment of trainee surveyor and the finalisation of each report.

10. Lead surveyors are responsible for offering advice to the Accreditation and Standards Committee regarding the accreditation status of a health service or term.

11. Lead surveyors must complete a minimum of two term surveys per annum to maintain their lead status. Surveyors previously credentialled as lead surveyors who do not meet this requirement return to support surveyor status and must seek approval from the Accreditation and Standards Committee to be re-credentialled as a lead surveyor in addition to meeting the surveys per annum requirement.

12. Appointment of a lead surveyor should have regard to the professional seniority of the candidate. Considerations should include the effects of accreditation activities and outcomes on personal career progression. For such reasons it is preferable if an appointed lead surveyor is a consultant/college fellow, or alternatively a senior registrar/hospitalist with substantial experience i.e. minimum 5 years.
13. Re-credentialing of surveyor credentials must occur to ensure currency and relevance to accreditation activities of PMCWA.

14. A surveyor’s credentials should be renewed every 5 years or as determined by the Accreditation and Standards Committee, PMCWA.

15. The following information/evidence should be considered prior to making a decision on whether or not a surveyor will be re-credited:
   - Review evidence of the surveyor’s compliance with surveyor requirements
   - Education, training and experience gained since the last review
   - Performance reports by and feedback from lead surveyors and/or peers
   - Other relevant information such as complaints and/or surveyed sites feedback

16. Surveyors of interstate Postgraduate Medical Councils (PMCs) or equivalent will be credited as independent lead surveyors. Such persons should be recognised as senior and experienced surveyors within their own jurisdictions.

RESPONSIBILITIES

Accreditation and Standards Committee
- Principal responsibility to ensure that only suitably qualified individuals are granted trainee/support/lead surveyor status.
- Reviews and verifies a surveyor qualifications, skills, experience and competencies
- Defines the scope of a surveyor’s role, with regard to their professional qualifications and experience, and PMCWA’s role and needs.

PMCWA Secretariat
- Maintains a database of surveyor credentials and scope of accreditation duties.
- Collates information relating to surveyor credentials, as requested by the Accreditation and Standards Committee in reviewing and verifying surveyor credentials.
- Regularly reports to the Accreditation and Standards Committee on credentialing status.

Individual Surveyors
- Provides necessary and timely information to the Accreditation and Standards Committee and Secretariat for credentialing purposes.
- Complies with their defined scope of accreditation duties.

SUPPORTING DOCUMENTS

Assessment Form for the Credentialing of Surveyors


Postgraduate Medical Council of Western Australia. (2014). Confidentiality and Conflict of Interest

Postgraduate Medical Council of Western Australia. (2014). Accreditation Survey Team Selection Criteria.
Appendix H: Policy: Confidentiality and Conflict of Interest

SCOPE
This policy applies to all persons appointed as a Postgraduate Medical Council of Western Australia (PMCWA) accreditation surveyor, as a member of the Council or as a member of a PMCWA committee/working group as described in the reporting and delegation relationships of PMCWA (see appendix 1) or any body subordinate to those described.

POLICY STATEMENT
This policy aims to maintain the impartiality of appointed PMCWA council/committee members and assessors by providing guidelines for situations that may give rise to actual or perceived conflicts of interest and ensure that confidentiality is maintained. PMCWA is committed to fulfilling its delegated functions in a manner that supports appointed surveyors/committee/council members to fulfil their responsibilities as ambassadors for PMCWA and to remain impartial when conducting PMCWA business, particularly accreditation surveys.

DEFINITIONS

<table>
<thead>
<tr>
<th>Ethics</th>
<th>A code of professional standards, containing aspects of fairness and duty to the profession and the general public.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict of Interest</td>
<td>Involves a situation arising between the performance of a public duty and private or personal interest.</td>
</tr>
</tbody>
</table>

PRINCIPLES

Confidentiality

1. All appointed surveyors and council/committee members must complete a *Confidentiality and Conflict of Interest Agreement* prior to commencement in the appointed role.

2. All appointed surveyors and council/committee members will not disclose any information gained from participation in PMCWA, PMCWA committees and working groups or the accreditation process which is identified as being confidential.

3. All other information obtained during PMCWA activities must be treated in confidence. Matters concerning accreditation should only be discussed with the health service staff concerned and between accreditation surveyors/Accreditation and Standards Committee members.

4. A member of an accreditation survey team will not discuss the recommendations or the behaviours of staff as observed during a survey visit to any individual or party outside of PMCWA.
Conflict of Interest

5. At the time of accepting an appointment to undertake PMCWA business, an individual must complete the Confidentiality and Conflict of Interest Agreement, agreeing to notify the Manager, PMCWA or Chair, council/committee of personal interests which may represent an apparent or potential conflict of interest.

6. The obligation to disclose an actual, apparent or potential conflict of interest is ongoing. An individual who has or acquires an interest that could conflict with the proper performance of his/her appointed functions should disclose this as soon as possible after the relevant facts are known. Conflicts of interest will be declared in writing to the Chair of council/committee. There will be an opportunity to declare a conflict of interest at the commencement of each council/committee meeting.

7. Conflicts of interest may include:
   i. Current or previous employment (< 6 months) at the primary, placement health service or hospital group to be surveyed / under discussion.
   ii. Future (< 6 months) employment at the primary, placement health service or hospital group to be surveyed / under discussion.
   iii. Current application for employment at the organisation to be surveyed / under discussion.
   iv. Close personal or professional relationship with an individual(s) at the organisation to be surveyed / under discussion.
   v. Professional or financial involvement in the hospital or health service to be surveyed / under discussion.

8. When disclosing personal interests an individual must provide sufficient information to enable an adequately informed decision to be made about resolving or managing any conflict of interest. This should include a detailed description of the issue, identification of the type of conflict of interest and proposed management strategy.

9. In cases where a member declares a conflict of interests in relation to a matter under consideration by the committee, the Chair will determine the extent to which that member may be involved in discussion or decisions concerning that matter.

10. In daily PMCWA business, general conflicts of interest will be recorded in a register within PMCWA and/or minutes of meetings.

11. Members of the council/committee shall not participate in reviews or discussions on matters pertaining to an organisation in which they have a personal interest or which there could be personal financial gain or loss.

12. Council/committee members will leave the room during discussions and decisions in which they have a real or perceived conflict of interest. Members may be requested to remain and provide a verbal report from their professional role, if the professional role is the source of conflict, prior to leaving the room while a vote is held.

13. The health service/s undergoing accreditation will be given the opportunity to review the proposed members of a survey team and, if they perceive a conflict of interest, can request for a surveyor to be replaced prior to the survey visit.

14. In exceptional circumstances or where a significant number of council/committee members are or could be deemed to have a conflict of interest with the matter at hand, an independent third party may need to be engaged to participate in, oversee or review the integrity of the process. Such decisions are subject to the approval of Council.
15. In exceptional circumstances (e.g. accreditation of a new Primary Employing Health Service) or where a significant number of accreditation surveyors are or could be deemed to have a conflict of interest with the accreditation of a health service, an independent third party (i.e. an independent/interstate accreditation surveyor) may need to be engaged to participate in, oversee or review the integrity of the accreditation process. Such decisions are subject to the approval of the Accreditation and Standards Committee.

SUPPORTING DOCUMENTS


VERSION CONTROL

<table>
<thead>
<tr>
<th>Endorsed by</th>
<th>PMCWA Executive Committee</th>
</tr>
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<tbody>
<tr>
<td>Effective Date</td>
<td>29/06/2015</td>
</tr>
<tr>
<td>Review Date</td>
<td>29/06/2018</td>
</tr>
<tr>
<td>Primary Contact</td>
<td>Program Officer, PMCWA</td>
</tr>
<tr>
<td>Policy Custodian</td>
<td>Manager PMCWA</td>
</tr>
</tbody>
</table>
Appendix 1

Reporting and Delegation Relationships of PMCWA

- Postgraduate Medical Council of Western Australia

  - Executive Committee
    - Accreditation and Standards Committee
    - Education Committee
    - JMO Forum
    - MEO Forum

  Council delegates authority to confirm Accreditation decision
I, __________________________________________

I, __________________________________________

I, __________________________________________

give this agreement to the Postgraduate Medical Council of Western Australia (PMCWA).

I acknowledge that all confidential information to which I gain access as a result of my work as

☐ a surveyor for PMCWA

☐ a member of the PMCWA (Council)

☐ a member of the Executive / Accreditation and Standards / Education Committee

☐ a member of the PMCWA JMO / MEO Forum

☐ a member of the _____________________________ Committee / Working Group

Please tick all relevant boxes and circle relevant committees and working groups.

I acknowledge that all confidential information to which I gain access as a result of my work as

☐ a surveyor for PMCWA

☐ a member of the PMCWA (Council)

☐ a member of the Executive / Accreditation and Standards / Education Committee

☐ a member of the PMCWA JMO / MEO Forum

☐ a member of the _____________________________ Committee / Working Group

is confidential and will be used for the sole purpose of fulfilling my role. This includes information provided verbally e.g. in an interview / presentation or in a document received or in a document I author or co-author in this capacity.

The terms of the agreement are:

1. I will not disclose any information either directly or indirectly, the contents of any reports, associated material or data without prior written authorisation from the PMCWA or PMCWA committee/working group.

2. I will not disclose any information gained which is identified as being confidential by an organisational representative or surveyor / council/committee member at the time of the survey/meeting or in any other circumstances prior to or afterwards.

3. I agree that I will not discuss the decisions, recommendations or the behaviours of staff as obtained in my role with any individual or party outside of PMCWA.

4. I will take all reasonable steps necessary to ensure that any unauthorised person does not have an opportunity to have access to the confidential information.

5. I agree that for the purposes of the agreement, “unauthorised person” means any person other that those individuals permitted by PMCWA to have access to the information.

6. I will not participate in reviews or discussions on matters pertaining to an organisation in which I have a personal interest or which there could be personal financial gain or loss.

7. As a council/committee member, I will leave the room during discussions and decisions in which I have a real or perceived conflict of interest. I may be requested to
remain and provide a verbal report from my professional role, if the professional role is the source of conflict, prior to leaving the room while a vote is held.

8. I will notify the Manager of the PMCWA Secretariat or the Chair of PMCWA / the committee/working group in cases of real or perceived conflicts of interest. Conflicts of interest may include but are not limited to:
   vi. Current or previous employment (< 6 months) at the primary, placement health service or hospital group to be surveyed / under discussion.
   vii. Future (< 6 months) employment at the primary, placement health service or hospital group to be surveyed / under discussion.
   viii. Current application for employment at the organisation to be surveyed / under discussion.
   ix. Close personal or professional relationship with an individual(s) at the organisation to be surveyed / under discussion.
   x. Professional or financial involvement in the hospital or health service to be surveyed / under discussion.

9. I agree that the obligation to disclose an actual, apparent or potential conflict of interest is ongoing. If I have or acquire an interest that could conflict with the proper performance of my appointed functions, I will disclose this as soon as possible after the relevant facts are known. I will do so in writing or declare it at the meeting.

10. When disclosing personal interests I will provide sufficient information to enable an adequately informed decision to be made about resolving or managing any conflict of interest. This will include a detailed description of the issue, identification of the type of conflict of interest and a proposed management strategy.

**Signatures (Signatory and Witness)**

Signatory Name:  
(Please Print)

Signature:  

Position:  

Date:  

Witness Name:  
(Please Print)

Signature:  

Position:  

Date:  
Version Control

<table>
<thead>
<tr>
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</tr>
<tr>
<td>Policy Custodian</td>
<td>Manager PMCWA</td>
</tr>
</tbody>
</table>
Appendix I: Policy: Supervision of Prevocational Doctors

SCOPE
This policy applies to all persons who supervise prevocational doctors. The level of contact is recommended to allow safe patient care and observation. It is also recommended to facilitate assessment and feedback opportunities to continually improve the training experience of prevocational doctors.

POLICY STATEMENT
Supervisors support prevocational doctors to enable the development of skills, values and attitudes accordant with the principle of life-long learning and professional development. This policy is a guide to the required level of contact when supervising a prevocational doctor.

DEFINITIONS

<table>
<thead>
<tr>
<th>Consultant:</th>
<th>A medical practitioner, who holds the appropriate higher qualification of a university or college, recognised by the Australian Medical Council.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevocational Doctor:</td>
<td>A medical practitioner in their early postgraduate years of clinical practice (PGY1/2/3/4+) who has not yet entered a vocational training program.</td>
</tr>
<tr>
<td>PGY1 Doctor:</td>
<td>Medical practitioner employed in their first postgraduate year of training after medical school graduation, prior to full registration by the Medical Board of Australia (also known as Intern).</td>
</tr>
<tr>
<td>PGY2 Doctor:</td>
<td>Medical practitioner employed in their second postgraduate year, typically immediately following PGY1 year.</td>
</tr>
<tr>
<td>PGY3 Doctor:</td>
<td>Medical practitioner employed in their third postgraduate year, typically immediately following postgraduate year 2.</td>
</tr>
<tr>
<td>PGY4+ Doctor:</td>
<td>Medical practitioner employed in their fourth or subsequent postgraduate year.</td>
</tr>
<tr>
<td>Registrar:</td>
<td>A registered medical practitioner employed as a registrar.</td>
</tr>
<tr>
<td>Term:</td>
<td>A defined period of employment in an organisation/unit/department/practice.</td>
</tr>
<tr>
<td>Term Supervisor:</td>
<td>An appropriately trained medical practitioner who is responsible for the supervision and education of prevocational doctors allocated to the term.</td>
</tr>
</tbody>
</table>
PRINCIPLES

1. Every prevocational doctor must be allocated a term supervisor each term.

2. If the allocated term supervisor is unavailable they must delegate their supervisory duties to another appropriately trained and experienced medical practitioner. The delegated practitioner must have adequate training in the specific area of clinical care and be aware of their responsibilities for patient safety.

3. A term supervisor should offer a level of supervision appropriate to the competencies and experience of the individual prevocational doctor.

4. Prevocational doctors will only assume responsibility for, or perform procedures in which they have sufficient experience and expertise.

5. Prevocational doctors will only perform procedures without direct supervision when the supervisor has assessed and deemed the prevocational doctor competent.

6. A term supervisor is responsible for the orientation of the prevocational doctor to the organisation/unit/department/practice. Term supervisors are also responsible for the development of mutually agreeable educational objectives with the prevocational doctor, based on the set of global outcomes statements detailed in the Australian Curriculum Framework for Junior Doctors at the beginning of each term. This may be delegated to an appropriate person.

7. A term supervisor should encourage and facilitate informal teaching when suitable opportunities arise (e.g. bedside, clinical skills & procedures).

8. Supervisors should plan regular periods, free from interruptions, to facilitate in depth reflection on clinical practice.

9. Term supervisors are responsible for conducting mid-term and end-of-term performance appraisal during each term, assessing the prevocational doctor against the AMC outcome standards and providing feedback to the prevocational doctor.

10. The required level of supervision of the prevocational doctor will depend on the workplace setting and skill of the prevocational doctor.

11. Prevocational doctors must in general be located at the accredited prevocational training site. However, up to 20% of standard time may be spent off site as part of a specific program or at a non-surveyed branch site. This must be done in the attendance of a nominated supervisor.

12. Prevocational doctors and all supervisors will be provided with the documented escalation policy prior to commencement of supervised clinical practice.

RESPONSIBILITIES

Responsibilities of senior management (i.e. Director of Clinical Training, Director of Postgraduate Medical Education):

- Ultimately responsible for ensuring that all prevocational doctors are appropriately supervised.

- Responsible for ensuring that all medical staff are aware of and are appropriately supported in their responsibilities in relation to clinical supervision.
Responsibilities of senior medical staff (i.e. Term Supervisor, Head of Department, Consultant):

- Responsible for the provision of safe and quality medical care within clinical units, including by prevocational doctors.
- Recognise their responsibilities in relation to supervision of prevocational doctors.
- Ensure that prevocational doctors have sufficient clinical supervision at all times, to maintain good clinical care and a safe learning environment.
- Responsible for recognising a prevocational doctor in difficulty and provide additional support. It is the responsibility of senior medical staff to notify senior management (i.e. Director of Postgraduate Medical Education or Director of Clinical Training) if the prevocational doctor requires additional support.
- Responsibility for making the delegation of supervisory responsibilities known to the delegated supervisor and the supervised prevocational doctor.
- Responsible for ensuring assessment against AMC learning outcomes is undertaken.
- Responsible for ensuring the implementation of management plans for underperforming prevocational doctors and ensure that underperforming prevocational doctors are assessed against the plans.

Responsibilities of more senior doctors-in-training (i.e. Registrar, Senior Registrar):

- To provide supervision of prevocational doctors at the required level, especially if they are delegated supervision responsibilities by senior medical staff.
- Regularly communicate with senior medical staff regarding the performance of prevocational doctors.

Responsibilities of the prevocational doctor:

- Takes responsibility to provide clinical practice within level of knowledge, recognise limits of professional competence and seek guidance and assistance from supervisors.

RECOMMENDED GUIDELINES FOR LEVELS OF SUPERVISION FOR PREVOCATIONAL DOCTORS

A term supervisor should provide supervision to prevocational doctors at the level appropriate to their year of training. Requirements of supervision will also vary depending on the acuity and complexity of the patients.

Level of supervision required for a prevocational doctor:

- All supervision should be assigned and performed in accordance with the stated principles and responsibilities.
- When the term supervisor is not available, supervision responsibility must be delegated to an appropriate medical practitioner, who has adequate training in the area of clinical care and is aware of their responsibilities for patient safety. This delegation must be made known to the delegated supervisor/s and the prevocational doctor.
- Guidelines applying to clinical supervision within normal operating hours also apply after hours.
PGY1 Doctor

- The term supervisor takes direct responsibility for individual patients.
- The term supervisor must be physically present at the workplace at all times where the supervisee is providing clinical care, or be available on site within 10 minutes.
- The supervisee must consult their term supervisor about the management of all patients.

PGY2 Doctor

- The term supervisor shares limited responsibility for individual patients.
- The PGY2 doctor must consult the supervisor about the management of all patients at a frequency determined by the term supervisor and the PGY2 doctor.
- Supervision must be primarily on site. Where the term supervisor is not physically present, they must always be accessible by telephone at all times and able to attend within 10 minutes if needed.

PGY3 Doctor

- The term supervisor shares responsibility for individual patients if the governance system of the facility allows for this.
- At a frequency determined by the term supervisor, the PGY3 doctor must inform the Supervisor about the management of all patients with serious medical problems.
- At a minimum, the term supervisor must be accessible by telephone at all times and able to attend if required.

PGY4+ Doctor

- The PGY4+ doctor may take primary responsibility for individual patients if the governance system of the facility allows for this.
- At a minimum, the term supervisor must be accessible by telephone.
- The term supervisor must ensure there are mechanisms in place for monitoring whether the PGY4+ doctor is practising safely.

<table>
<thead>
<tr>
<th>Term Supervisor Responsibilities</th>
<th>Patient Responsibility</th>
<th>Supervisory Access</th>
<th>Patient Management</th>
<th>Delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>Direct and principal responsibility</td>
<td>Must be physically at workplace at all times or available on site within 10 minutes</td>
<td>Consulted for management of all patients</td>
<td>Supervisory responsibilities must be appropriately delegated when not physically present</td>
</tr>
<tr>
<td>PGY2</td>
<td>Supervisee shares limited Responsibility</td>
<td>Primarily on site, must be accessible by telephone at all times and able to attend if required</td>
<td>Informed of management of patients with serious medical problems</td>
<td>Supervisory responsibilities must be appropriately delegated when not available</td>
</tr>
<tr>
<td>PGY3</td>
<td>Shared Responsibility</td>
<td>Must be accessible by telephone at all times and able to attend if required</td>
<td>Informed of management of patients with serious medical problems at determined frequency</td>
<td>Must ensure that there are mechanisms in place for monitoring safe practice</td>
</tr>
<tr>
<td>PGY4</td>
<td>Supervisee takes primary responsibility</td>
<td>Must be accessible by telephone at all times and able to attend if required</td>
<td>Oversees patient management</td>
<td>Must ensure that there are mechanisms in place for monitoring safe practice</td>
</tr>
</tbody>
</table>
SUPPORTING DOCUMENTS


VERSION CONTROL

<table>
<thead>
<tr>
<th>Endorsed by:</th>
<th>PMCWA Accreditation &amp; Standards Committee</th>
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<td>Effective Date:</td>
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<td>24/03/2017</td>
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<tr>
<td>Primary Contact</td>
<td>Program Officer, PMCWA</td>
</tr>
</tbody>
</table>
Appendix J: Policy: Prevocational Doctors Obtaining Consent to Treatment

SCOPE

This policy provides principles and recommended guidelines for prevocational doctors obtaining consent to treatment. It applies to prevocational doctors, persons who supervise prevocational doctors and the administration of health services where prevocational doctors are employed. The principles and recommendations of this policy are to ensure the safety of patients and to allow them to make informed decisions about their care.

POLICY STATEMENT

This policy is to be read in conjunction with WA Health: Consent to Treatment Policy for the Western Australian Health System 2011 (“WA Consent Policy”), and the Operational Directive, “Consent to Treatment Policy for the Western Australian Health System OD0324/11 (“OD0324/11”), which outlines the process and requirements for obtaining a patient’s consent to treatment for clinicians working in WA hospitals and health services. Compliance with the Department of Health policy is mandatory.

If you are concerned about the implementation of this policy, in the first instance you are advised to bring this to the attention of the Head of the Department or the Director of Postgraduate Medical Education or the Director of Clinical Training.

What is meant by consent to treatment?

For the purposes of this policy, it will adopt the meaning of consent as defined by OD0324/11:

<table>
<thead>
<tr>
<th>Consent is a patient’s agreement for a health practitioner to provide treatment. For the purposes of the policy, the consent process should be considered as a series of steps:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inform the patient about the proposed treatment, which includes providing all information that will assist with the making of an informed decision regarding consent to the proposed treatment, including treatment description and material risks.</td>
</tr>
<tr>
<td>2. Ensure the patient understands the information given and all matters have been discussed. Make sure the patient understands and retains the information, believes the information, understand that a choice can be made, and is able to reason (however unreasonably) and make a choice.</td>
</tr>
<tr>
<td>3. Seek a decision from the patient about the proposed treatment i.e. consent for the specific procedure.</td>
</tr>
<tr>
<td>4. Record the patient’s decision about the proposed treatment. Documentation should include the date and time of the patient’s decision to consent or refuse to consent to the proposed treatment.</td>
</tr>
</tbody>
</table>

Obtaining a signature on a consent form formalises the process and should be done in all cases where practicable.
If the patient refuses to agree to the proposed treatment, it is essential that this refusal and the circumstances in which consent was refused are properly recorded in the patient’s health care record.

A health professional’s obligation to obtain consent is distinct from the obligation to disclose information to a patient and warn him/her of material risks. In addition to obtaining consent, whether orally or in writing, a health professional has a legal obligation to fully inform the patient of the potential benefits of the procedure and of any material risks inherent in that procedure, including the possibility that the treatment may be unsuccessful.

Failure to obtain a patient’s consent for a procedure may result in a criminal charge of assault or civil action for battery, whereas failure to disclose material risks to a patient may give rise to civil action for negligence.

Who is responsible for obtaining the patient’s consent?

For the purposes of this policy, it will adopt the meaning of who is responsible for obtaining the patient’s consent as stated by the OD0324/11:

The health professional that recommends treatment or advises a patient to undergo treatment is responsible for providing sufficient and appropriate information and advice to the patient.

Where a team of health professionals is involved, the responsibility for the consent process lies with the most senior health professional responsible for providing the treatment or performing the procedure to which the patient is being asked to consent.

A senior medical practitioner may delegate the task of obtaining a patient’s consent to treatment to a junior medical practitioner [prevocational doctor].

This delegation must be documented in the patient’s health care record and the senior health professional must ensure that the delegated practitioner is competent to undertake the task. The delegated practitioner must be aware that he or she has the legal and professional responsibilities to provide all necessary and proper information, assist the patient in making a decision and obtain a valid consent to treatment.

A delegated practitioner should therefore refuse to undertake the delegated task if he or she does not consider he or she has sufficient skills or experience to meet these legal and professional responsibilities. This refusal to undertake the consent process must be documented in the patient’s health care record and respected by the hospital/health service and senior health professional.

DEFINITIONS

<table>
<thead>
<tr>
<th>Material Risk:</th>
<th>“A risk is material if, in the circumstance of a particular case, a reasonable person in the patient’s position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be more likely to attach significance to it. This duty is subject to the therapeutic privilege.” (Rogers v Whittaker [1992])</th>
</tr>
</thead>
<tbody>
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<td>Prevocational Doctor:</td>
<td>Refers to medical practitioner in their early postgraduate years of clinical practice (PGY1/2/3/4+) who have not yet entered a vocational training program.</td>
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<td>PGY1 Doctor:</td>
<td>Medical practitioner employed in their first postgraduate year of training after medical school graduation, prior to full registration by the Medical</td>
</tr>
</tbody>
</table>
Board of Australia (also known as Intern).

<table>
<thead>
<tr>
<th>Term Supervisor/ Supervisor:</th>
<th>An appropriately trained medical practitioner who is responsible for the supervision and education of prevocational doctors allocated to the term.</th>
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</thead>
<tbody>
<tr>
<td>Treatment:</td>
<td>Treatment includes any medical or surgical management, care, therapy, test or procedure.</td>
</tr>
</tbody>
</table>

**PRINCIPLES**

1. Consent is always taken in the context of patient safety. The prevocational doctor should be satisfied that he/she is aware of the material risk associated with the relevant procedure(s) (*Rogers and Whittaker*). He/she should understand that there may be material which can be reasonably withheld in the patient’s interest.

2. The prevocational doctor should have sufficient knowledge of the patient to appreciate the specific risks relevant to that patient. A patient may have special needs or be in circumstances that require special or additional information.

3. The prevocational doctor should have sufficient knowledge of the procedure to explain it to the patient.

4. In each placement, the term supervisor and prevocational doctor should agree upon procedures for which the prevocational doctor would be comfortable obtaining consent, those they would not, and those which may vary depending on the individual patient and the prevocational doctor’s experience.

5. A senior medical practitioner should always be available to a prevocational doctor, in accordance with the PMCWA Policy: Supervision of Prevocational Doctors. A prevocational doctor should be provided supervision to the level appropriate to their year of training.

6. Supervisors are responsible for obtaining or delegating the obtaining of consent if the previously delegated practitioner refuses or is otherwise unable to obtain consent to treatment.

7. Hospital processes must not allow retribution to a prevocational doctor by a supervisor for refusing to take consent.

8. Consent is sometimes taken at the last minute when more senior staff are not readily available. There should be policy to generally obtain consent during pre-admission clinics or equivalent. Where appropriate it may be reasonable to not allow a case booking unless consent has been obtained (Refer to the [WA Consent Policy](#) regarding requirements where circumstances may vary for obtaining consent to treatment, depending on whether the patient is competent or incompetent, or in the case of an emergency.)

9. In certain circumstances, consent may not be delegable and must be taken only by a senior resident, registrar or consultant.

10. Irrespective of who undertakes the consent process, the health professional performing the treatment is ultimately responsible for ensuring that consent to treatment has been properly obtained. In the majority of cases this will be the most senior health professional on the treating team.

11. Prevocational doctors can obtain patient’s signature and sign a Consent to Treatment form only if principles one to six are adhered to.
RESPONSIBILITIES

The governance of prevocational doctors obtaining consent for treatment, including the appropriate persons or department responsible for the ongoing implementation of the principles of this policy is as follows:

Responsibilities of health service administration:

- Verify that a health professional has completed the consent process for each patient and has satisfied his/her obligations in obtaining valid consent.
- Provide clear directions on procedures for documenting a patient’s consent to treatment prior to his/her admission to hospital.
- Implement policies on consent as they apply to prevocational doctors, i.e. who and when as stated in Principles Five, Six, Seven and Eight.
- Audit the process for prevocational doctor obtaining consent as part of their clinical governance activities.

Responsibilities of senior management (i.e. Director of Medical Services, Director of Clinical Training, Director of Postgraduate Medical Education)

Health services senior management is responsible in ensuring that the prevocational doctor:

- Understands the principle of potential benefits and material risks inherent to medical procedure(s), in accordance with Principle One.
- Understands principles relevant to consent i.e. the provision of relevant information specific to circumstances of the patient and the withholding of information, in accordance with Principles One and Two.
- Understands the scope of his/her role in obtaining consent in accordance with Principle Four.
- Has sufficient knowledge of procedures for which consent is being obtained, in accordance with Principle Three.

Responsibilities of supervisors (i.e. Head of Department, Term Supervisor, Senior Clinician)

- Responsible in ensuring that each unit/department/practice has term orientation documents or guidelines which provide guidance on the list of procedures that are reasonable for a PGY1, PGY2+ to obtain consent for treatment as stated in Principles Three and Four.
- The health professional performing the treatment is ultimately responsible for ensuring that consent to treatment has been properly obtained. In the majority of cases this will be the most senior health professional on the treating team.

SUPPORTING DOCUMENTS


Postgraduate Medical Council of Western Australia. (2014). *Supervision of Prevocational Doctors*.

*Rogers v Whittaker* (1992) 175 CLR 479


VERSION CONTROL

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<td>24/03/2017</td>
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<tr>
<td>Primary Contact</td>
<td>Program Officer, PMCWA</td>
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Appendix K: Policy: Remuneration of Accreditation Surveyors

SCOPE
The following principles apply to payment for PMCWA accreditation surveyors (medical practitioners) not employed on a fulltime sessional or salaried basis in a post that would include PMCWA accreditation activities in their job description scope of duties.

Surveyors engaged before 7 October 2014 are excluded from the rates outlined in this policy and will be remunerated according to the rates in the grandfathered remuneration of accreditation surveyors’ policy from 2013.

DEFINITIONS

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Lead Surveyor</td>
<td>An appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a lead surveyor. Except where an exception is made by the committee to reflect a surveyor’s extensive experience, a lead surveyor shall have completed a minimum of 6 surveys including Primary Employing Health Service (PEHS) and placement health service surveys in both the private and public sector.</td>
</tr>
<tr>
<td>Support Surveyor</td>
<td>An individual who has been trained to perform an accreditation assessment.</td>
</tr>
<tr>
<td>Trainee Surveyor</td>
<td>An individual who is being assessed to become a surveyor.</td>
</tr>
</tbody>
</table>

PRINCIPLES

1. All surveyors remunerated by PMCWA under this policy will be notified of the intention to remunerate the surveyor prior to engaging in PMCWA accreditation activities by formal correspondence.

2. The rate of remuneration is calculated using the formula below, based on the current Department of Health Medical Practitioners (Metropolitan Health Service) AMA Agreement 2011 (AMA Agreement):

   \[
   \text{Base rate} = \left( \frac{52.1666^8 \times 40^{10}}{52.1666^8} \right) \times 1.2^8
   \]

   Casual practitioners shall be paid the hourly rate for their classification for each hour worked, plus an additional 20% casual loading: AMA Agreement provision 12(3).

   The weekly base salary rate of a practitioner shall be calculated by dividing the annual salary rate by 52.1666: AMA Agreement provision 13(4).

   Effective on and from 17/01/2011, a full-time practitioner’s ordinary hours of duty shall be an average of 40 hours per week: AMA Agreement provision 16(1)b.
3. In addition to the calculation above, the following percentages will be applied to the base rate according to level of surveyor experience:

<table>
<thead>
<tr>
<th>Surveyor Type</th>
<th>Percentage of Base Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Surveyors</td>
<td>100%</td>
</tr>
<tr>
<td>Support Surveyors</td>
<td>75%</td>
</tr>
<tr>
<td>Trainee Surveyors</td>
<td>50%</td>
</tr>
</tbody>
</table>

The table below summarise the current payments (AMA Agreement as at 01/10/2013) for PMCWA accreditation surveyors applying the above principles:

<table>
<thead>
<tr>
<th>Salary Type</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time annual base salary rate</td>
<td>Level 24, Consultant Yr 9 (AMA Agreement as at 01/10/2013)</td>
<td>$244,601</td>
</tr>
<tr>
<td>Lead Surveyor</td>
<td>$141 per hour</td>
<td></td>
</tr>
<tr>
<td>Support Surveyor</td>
<td>$105 per hour</td>
<td></td>
</tr>
<tr>
<td>Trainee Surveyor</td>
<td>$70 per hour</td>
<td></td>
</tr>
</tbody>
</table>

4. Calculation of the remuneration base rate will utilise the full-time annual salary figure as stated in the most up-to-date AMA agreement and will be updated annually as new salary rates come into effect, or as new AMA agreements are registered.

5. For all overnight surveys, remuneration will be inclusive of survey and travel time, subject to PMCWA approval on a case by case basis.

6. All surveyors are required to complete an invoice for survey remuneration after each of service provision.

**SUPPORTING DOCUMENTS**

PMCWA Template – Invoice for Surveyor Remuneration

Postgraduate Medical Council WA. (2014). *Travel & Reimbursement for Accreditation Surveyors.*

WA Department of Health Medical Practitioners (Metropolitan Health Service) AMA Agreement 2013

**VERSION CONTROL**

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<td>Review Date</td>
<td>01/10/2015</td>
</tr>
<tr>
<td>Link to policy page</td>
<td><a href="http://www.pmcwa.health.wa.gov.au/accreditation/program.cfm">http://www.pmcwa.health.wa.gov.au/accreditation/program.cfm</a></td>
</tr>
<tr>
<td>Primary Contact</td>
<td>Program Officer, PMCWA</td>
</tr>
<tr>
<td>Policy Custodian</td>
<td>Manager PMCWA</td>
</tr>
</tbody>
</table>
Appendix L: Policy: Travel & Reimbursement for Accreditation Surveyors

SCOPE
The following policy applies to PMCWA accreditation survey team members seeking travel approval and making reimbursement claims.

POLICY STATEMENT
PMCWA is committed to an efficient accreditation process that supports surveyors as ambassadors for PMCWA by ensuring that incidental expenses incurred through accreditation activities are appropriately reimbursed. PMCWA is responsible for organising appropriate paperwork and for seeking travel approval for a survey team prior to the scheduled survey. This includes arrangements for air travel and accommodation where required.

Reimbursement claims for additional incidental and motor vehicle expenses relating to survey activities by survey team members should be made in line with the following principles. Any claim for travel and incidental expenses incurred not paid directly by Postgraduate Medical Council of Western Australia (PMCWA) will require prior approval by PMCWA.

PRINCIPLES
Motor vehicle allowance

1. An officer using a private vehicle to travel on Department business must be paid a motor vehicle allowance. Approval to use a private vehicle should be obtained from PMCWA prior to each travel. Motor vehicle allowances are paid per WA Health rates in accordance with IC0046/09 Public Service Award Variation – Motor Vehicle and Motor Cycle Allowance as detailed below:

<table>
<thead>
<tr>
<th>Car Engine</th>
<th>Metro Area Division</th>
<th>South West Land Division</th>
<th>North of 23.5 South Latitude Division</th>
<th>Rest of State Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600cc and under</td>
<td>53.2</td>
<td>54.0</td>
<td>58.3</td>
<td>55.6</td>
</tr>
<tr>
<td>Over 1600cc – 2600cc</td>
<td>64.5</td>
<td>65.4</td>
<td>70.6</td>
<td>67.5</td>
</tr>
<tr>
<td>Over 2600cc</td>
<td>89.5</td>
<td>91.0</td>
<td>98.6</td>
<td>94.3</td>
</tr>
</tbody>
</table>

2. Should an officer be involved in a motor vehicle accident while travelling on Department business in a private vehicle, they will not be covered under RiskCover and will have to claim on the private vehicle insurance.

3. Officers are entitled to book Department fleet vehicles for use when travelling on Department business subject to compliance with relevant Department policies and procedures. All fleet vehicles have fuel cards and log books. Use of fleet vehicles in
accordance with policy provides the officer access to RiskCover and does not require the Officer to incur any private expense.

4. Officers not employed by the Department of Health must submit a written statement of intent of claiming reimbursement for expenses to PMCWA for approval prior to travel. The approved agreement should be attached, along with other supporting documents, to the invoice when making claims.

5. Reimbursements claims for long distance travel by private vehicles will be calculated at a maximum to the equivalent of the usual airfare. Expenses incurred above the value equivalent to the average cost for the same journey by air will not be reimbursed.

6. This policy will be implemented in accordance with all applicable Department of Health and Government of Western Australia policies and the Public Service Award 1992 Clause 47. – Motor Vehicle Allowance

Meal allowance

1. In accordance with departmental polices and guidelines it is a requirement for surveyors to maintain receipts for meals being claimed during their travel. It is important for the receipt to be itemised and have the Australian Business Number (ABN) of the provider.

2. Only one claim can be made per meal and alcohol cannot be claimed with any meal allowance. Meal allowances are paid per WA Health rates in accordance with [IC0075/10 Camping Allowance and Travelling, Transfer and Relieving Allowance](#) as detailed below:

<table>
<thead>
<tr>
<th>Intrastate</th>
<th>WA South of 26 South Latitude</th>
<th>WA North of 26 South Latitude</th>
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</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$21.15</td>
<td>Breakfast</td>
</tr>
<tr>
<td>Lunch</td>
<td>$33.65</td>
<td>Lunch $16.30</td>
</tr>
<tr>
<td>Dinner</td>
<td>$53.05</td>
<td>Dinner $46.50</td>
</tr>
<tr>
<td>Incidentals</td>
<td>$21.75</td>
<td>Incidentals $14.55</td>
</tr>
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</table>

3. If accommodation is arranged by PMCWA breakfast is usually included as part of the accommodation. For further information please contact PMCWA on (08) 9222 2125 or [PMCWA.Accreditation@health.wa.gov.au](mailto:PMCWA.Accreditation@health.wa.gov.au).

SUPPORTING DOCUMENTS:

Postgraduate Medical Council of Western Australia. (2014). *Remuneration of Accreditation Surveyors*.


VERSION CONTROL

Endorsed by: PMCW Accreditation & Standards Committee
Effective Date: 24/03/2014
Review Date: 24/03/2017
Primary Contact Program Officer, PMCWA
TRAVEL & REIMBURSEMENT  
FOR ACCREDITATION SURVEYORS

I …………………………………………………………………… understand and agree to the travel and reimbursement guidelines set out by the Postgraduate Medical Council of Western Australia.

These guidelines include:

- An officer using a private vehicle to travel on Department business must be paid a motor vehicle allowance. Approval to use a private vehicle should be obtained from PMCWA prior to each travel.

- Should an officer be involved in a motor vehicle accident while travelling on Department business in a private vehicle, they will not be covered under RiskCover and will have to claim on the private vehicle insurance.

- Officers are entitled to book Department fleet vehicles for use when travelling on Department business in as much as the Officer complies with relevant Department policies and procedures. All fleet vehicles have fuel cards and log books. Use of fleet vehicles in accordance with policy provides the Officer access to RiskCover and does not require the Officer to incur any private expense.

- Officers not employed by the Department of Health must submit a written statement of intent of claiming reimbursement for expenses to PMCWA for approval prior to travel. The approved agreement should be attached, along with other supporting documents, to the invoice when claiming.

- Long distance travel will not be reimbursed above the value equivalent to the average cost for the same journey by air.

- This policy will be implemented in accordance with all applicable Department of Health and Government of Western Australia policies.

I agree to the above terms and conditions.

Name: (Please Print)……………………………… ………………………………..……..

Signature: ……………………………………  Date: ……………………………………

PMCWA APPROVED/NOT APPROVED

PMCWA Chair: …………………………………………………………………………..…

Signature: ……………………………………  Date: ……………………………………
<table>
<thead>
<tr>
<th><strong>Endorsed by:</strong></th>
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<td>Program Officer, PMCWA</td>
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Appendix M: Guideline: Medical Education Calculator

BACKGROUND:
In Western Australia the number of Interns had dramatically increased from 134 in 2005 to 313 in 2014, subsequently increasing the demand for education, training and supervision by qualified and experienced health care professionals. This demand raised serious concerns regarding the level of education and training provided to prevocational trainees, along with the associated risks to patient safety and care, if there is insufficient infrastructure in place to support the growing number of prevocational trainees (PVTs) in Western Australia.

To address this issue, and guide health service providers as to the number of educational support staff required for prevocational training and education, a Medical Education Calculator has been developed by the Postgraduate Medical Council of WA in 2010.

Foundations for the Medical Education Calculator:
The Medical Education Calculator was developed by the Education Committee for PMCWA, and took into consideration current national trends of medical education, local terms, conditions and the capacity and needs of the WA Health System.

At a minimum all health services employing prevocational trainees require a Director of Clinical Training. However as the number of prevocational trainees increase, the Departments of Postgraduate Medical Education will be required to establish further infrastructure to ensure the appropriate provision of education, training and supervision.

Furthermore, it is recommended that for all hospitals with a Medical Education Unit that Education Registrars are also employed as they add significant capacity for prevocational training.

This calculator is dependent on the number of prevocational trainees employed by a health service and will assist with ensuring appropriate supervisor to trainee ratios are established at all health services employing prevocational trainees.

SCOPE
The Medical Education Calculator applies to all health services employing Prevocational Trainees (PVTs).

This policy is restricted to prevocational training only. It does not incorporate any FTE allocations for medical student training, vocational training, mandatory training, or hospital accreditation (excluding PMCWA prevocational accreditation).

POLICY STATEMENT
Application of the Medical Education Calculator at health services that employ prevocational trainees is essential to patient safety and care. An audit of sites with PVTs with regard to the guidelines should be completed every two years to ensure the appropriate support and safety of PVTs. Failure to comply may jeopardise accreditation status of prevocational positions in these health services.
PRINCIPLES

1. All jurisdictions employing a PVT require a supervisor identified to be the Director of Clinical Training (DCT - see job description). A payment for the additional responsibility (as Head of Department loading or part FTE) should be included.

2. Medical Education Officers (MEO - see job description) should be employed for a minimum of 0.5FTE or be present in the hospital for an equivalent period, for example employed in other duties. This ensures continuity of support and accessibility for PVTs at the hospital or health service.

3. An institution with 20 or more interns should establish a Department of Postgraduate Medical Education with at least 0.5 FTE each of a Director of Postgraduate Medical Education (DPGME), Education Registrars (ERs), MEO and Administrative support dedicated to their roles.

   3.1. Some DCT FTE may be allocated to additional DPGME and/or ER FTE.

4. Primary Employing Health Services of Prevocational Doctors (formally Primary Allocation Centres) with secondary sites may provide the educational support using the additional prevocational trainees in their formulae.

5. Education registrar(s) (ER) should be employed in all institutions with 20 or more interns or a Department of Postgraduate Medical education using the medical education calculator. Registrars should provide support and training for PVTs.

6. Health Services are responsible for ensuring that the Medical Education Calculator requirements are met. Each health site should provide an annual compliance report to PMCWA at the beginning of each calendar year.

Calculator for Required Ratios of Medical Education Support Staff

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<thead>
<tr>
<th>Position</th>
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<th>Residents</th>
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</thead>
<tbody>
<tr>
<td>Director of Clinical Training</td>
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<td>0.2/50</td>
</tr>
<tr>
<td>Medical Education Officer</td>
<td>0.5/30</td>
<td>0.5/60</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>0.5/30</td>
<td>0.5/60</td>
</tr>
<tr>
<td>Education Registrar</td>
<td>0.5/30</td>
<td>0.5/60</td>
</tr>
<tr>
<td>Director of Postgraduate Medical Education</td>
<td>0.5/50</td>
<td>0.5/100</td>
</tr>
</tbody>
</table>

SUPPORTING DOCUMENTS

Postgraduate Medical Council of Western Australia. (2010). *Letter from Chair of the Education Committee to Chair of the Postgraduate Medical Council re: Medical Education Calculator.*

Postgraduate Medical Council of Western Australia. (2014). *Director of Postgraduate Medical Education Sample Job Description*

Postgraduate Medical Council of Western Australia. (2014). *Director of Clinical Training Sample Job Description*
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<td>Manager PMCWA</td>
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The Medical Education Calculator should be applied in all health jurisdictions employing prevocational doctors to ensure patient safety and care and the establishment of support structures for the education, care and training of prevocational trainees.

This report will enable PMCWA to identify any gaps and provide support and guidance where needed to improve the current support within WA Health Sites for prevocational trainees.

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<tbody>
<tr>
<td>Health Site Name</td>
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<tr>
<td>Date of Report</td>
</tr>
<tr>
<td>Does site rotate PGY1s and PGY2+s to other sites?</td>
</tr>
<tr>
<td>Number of PGY1 on site</td>
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<tr>
<td>Number of PGY1 total employed by PEHS</td>
</tr>
<tr>
<td>Number of PGY2+ on site</td>
</tr>
<tr>
<td>Number of PGY2+ total employed by PEHS / PPHS (rotating)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Education Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>DCT</td>
</tr>
<tr>
<td>DPGME</td>
</tr>
<tr>
<td>MEO</td>
</tr>
<tr>
<td>MER</td>
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<tr>
<td>Admin Support</td>
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<tr>
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<tbody>
<tr>
<td>Please provide any additional information you wish to include with this report</td>
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<tbody>
<tr>
<td>I declare that the information provided above is true and correct.</td>
</tr>
<tr>
<td>Name and Title</td>
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<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
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Dear Prof Landau

Re: Medical Education Calculator

The Education Committee of the Postgraduate Medical Council of Western Australia (PMCWA) wish to submit this calculator to inform PMCWA with regard to number of educational support staff required for Primary allocation centres and secondary jurisdictions who have prevocational trainees (PVTs) from Postgraduate year 1 (PGY1) to Postgraduate year 4 (PGY4). The rapid increase in PVTs has not been met by a similar rise in educational support for those doctors. We hope that the PMCWA will endorse these recommendations to better inform the WA Health Department with regard to the requirements for education and training of our junior staff.

The Australian government, in response to the shortage of doctors has increased the number of medical student places and this is reflected in the number of junior doctors in WA Health. There is a risk to patient safety and care if there is insufficient educational support. Departments of Postgraduate Education have responsibility for the education and training of these inexperienced PVTs

A similar calculator has been developed in Queensland and other Postgraduate Medical Councils, around Australia, are developing models for calculating educational support. The Education Committee for the PMCWA have developed this calculator in conjunction with current trends of medical education, local terms and conditions and the capacity and needs of the WA Health system.

There are a number of guiding principles and minimums that provide the basis for this calculator:
1. At all jurisdictions where there is a prevocational trainee (PVT), there needs to be a supervisor identified to be the Director of Clinical Training. (see job description) A payment for the additional responsibility (as Head of Department loading or part FTE) should be included.
2. Medical Education Officers (see job description) should be employed for a minimum of 0.5FTE to ensure continuity of service for the PVTs at the hospital or health service.
3. An institution with 20 or more interns (PGY1) should have a Department of Postgraduate Medical Education with at least 0.5FTE each of a Director of Postgraduate Medical Education, MEO and Administrative support.
4. Primary allocation centres with secondary sites may provide the educational support using the additional PVTs in their formulae.
5. Director Postgraduate Medical Education should not exceed a maximum of 1.0 FTE

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<thead>
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<th>Ratios</th>
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<tr>
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</tr>
<tr>
<td>MEO</td>
<td>0.5/30</td>
<td>0.5/60</td>
</tr>
<tr>
<td>Admin</td>
<td>0.5/30</td>
<td>0.5/60</td>
</tr>
<tr>
<td>DPGME</td>
<td>0.5/50</td>
<td>0.5/100</td>
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<table>
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</tbody>
</table>
The Education Committee also strongly commends the ongoing funding of Education Registrars. There have been a number of trials across Australia and experience has shown that these positions add significant capacity for undergraduate, prevocational and vocational training. A number of models are available and the Education Registrar terms are included in vocational training as accredited posts for the training programs of the Royal Australian College of Physicians (RACP), Surgeons (RACS) and Emergency Medicine (ACEM). We believe that this is vital for sustainability of our education programs to give opportunity, training and experience to our consultant trainees within hospital settings. Our recommendation is that there is at least 0.5FTE education registrar for each of these three vocational training programs at each Primary Allocation Centre in WA.

I hope that this Medical Education Calculator can be used to support an increase in the number of Postgraduate medical education staff in line with the sudden increase in training places in the WA Health system and we would ask for the full support of the Postgraduate Medical Council of Western Australia.

Kind regards

Prof Alistair Vickery
Chair of the Education Committee
Postgraduate Medical Council of WA
28 Jan 2010
Appendix N: Procedure: Amendments to Survey Reports and Award Recommendations

SCOPE

As part of the formal accreditation process, accreditation survey teams submit a surveyor report to the Accreditation and Standards Committee at the conclusion of a survey via site visit, tele- or video-conference. These reports are accompanied by recommendations regarding the accreditation status to be awarded to the surveyed health service. This policy applies to all accreditation survey reports drafted and submitted to the Accreditation and Standards Committee, PMCWA for consideration and endorsement following an accreditation survey visit.

POLICY STATEMENT

PMCWA is committed to an efficient and transparent accreditation program. The following procedure outlines the procedure for processing submitted surveyor reports, and aims to ensure that the accreditation process, especially post-accreditation survey is fair and transparent. It also ensures continuous participation by the survey team in the accreditation process post-accreditation survey visit, until an accreditation award is made to the relevant health service.

DEFINITION

<table>
<thead>
<tr>
<th>Accreditation</th>
<th>A status that is conferred on an organisation or Unit/ Department/ Practice when the Organisation/ Unit/ Department/ Practice has been assessed as having met particular standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Surveyor</td>
<td>Appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a lead surveyor. Except where an exception is made by the Committee to reflect a surveyor’s extensive experience, a lead surveyor shall have completed a minimum of 6 surveys including Primary Employing Health Service (PEHS) and placement health service surveys in both the private and public sector.</td>
</tr>
</tbody>
</table>

PROCEDURE

1. At the completion of the site visit, the surveyed health service will receive a draft survey report inclusive of accreditation recommendations from the PMCWA secretariat, generally within 2 weeks following the survey, for factional comment and endorsement.

2. Should the surveyed health site require clarification regarding the reports, the accreditation lead surveyor may be asked to clarify, comment on or amend the draft survey report. Any changes to the report are strictly at the discretion of the survey team. Minor errors (e.g. spelling, grammar) will be corrected as instructed.

3. The amended report is then sent to the surveyed health site for endorsement. These measures are intended to ensure that PMCWA assessments and subsequent recommendations are based on accurate information.
4. Once the draft survey report has been endorsed by the surveyed health service, the report and recommendations will be submitted to the Accreditation and Standards Committee for endorsement at the next Committee meeting. Should the endorsement be received within 2 weeks prior to the next meeting it may be deferred to the meeting after.

5. The Accreditation and Standards Committee will then review the survey report, including the recommendations, and take one of the following actions:
   - Endorse draft report and accreditation award status as recommended
   - Amend the survey report and award an alternative accreditation status.

6. Should the Accreditation and Standards Committee elect to make any amendments to the surveyors report, the committee is obliged to ensure that the lead surveyor of the accreditation team is made aware of the amendments. The lead surveyor is to be given an opportunity to provide comment, further clarification and/or object to the proposed changes.

7. Having satisfied the above requirement, the Accreditation and Standards Committee may award accreditation status as endorsed by the health service or as amended.

8. The final survey report includes accreditation status recommendations. Additional recommendations are incorporated from time to time as required. Health services are invited to respond to the recommendations. On occasions, further dialogue may be required between PMCWA and the health service to clarify the recommendations, the timing of their review and their associated accreditation implications. Such further correspondence will be reviewed at the Accreditation and Standards Committee.

Figure 2 Summary procedure for survey reports and award recommendations
**SUPPORTING DOCUMENTS**

Postgraduate Medical Council of Western Australia. (2014). *Procedure for Appeals to Accreditation Awards.*

**VERSION CONTROL**

<table>
<thead>
<tr>
<th>Endorsed by</th>
<th>PMCWA Accreditation &amp; Standards Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date:</td>
<td>24/03/2014</td>
</tr>
<tr>
<td>Review Date:</td>
<td>24/03/2017</td>
</tr>
<tr>
<td>Primary Contact</td>
<td>Program Officer, PMCWA</td>
</tr>
</tbody>
</table>
Appendix O: Policy: Evaluation of Accreditation Survey

BACKGROUND

The Postgraduate Medical Council of WA has ongoing processes of quality assurance to secure a fair and effective accreditation process. This ensures that accredited health services provide a suitable environment for the development of prevocational doctors. PMCWA encourages a constructive and collegial approach to accreditation that elicits both informal and formal feedback, and is undertaken in a climate conducive to the collection of accurate information.

POLICY STATEMENT

Evaluation is the systematic collection and analysis of information about the activities, characteristics, and outcomes of programs. Findings are instrumental to guiding improvement for increased effectiveness and/or informing decisions about future programming.

After each accreditation survey, feedback will be sought from the surveyed health service through a post-accreditation evaluation form. Surveyors will also be invited to provide feedback to PMCWA after each accreditation survey. This feedback will be collated by PMCWA and used to support its ongoing quality control of the accreditation process.

PRINCIPLES

1. The evaluation process aims to generate accurate, evidence-based information for decision and policy making in relation to the accreditation program.

2. Evaluation findings will be used to support ongoing learning, adjustments and improvements to the accreditation process.

3. The evaluation process should be sustainable, appropriately planned and place minimal burden on both surveyors and health services.

4. The evaluation process will involve data collection from the following stakeholder groups:
   - Medical Education Unit staff
   - Facility staff who met accreditation surveyors
   - Accreditation team surveyors
   - PMCWA staff who supported departments/units undergoing accreditation

5. Accreditation evaluation data will be collated and stored in a centralised database, managed by the PMCWA secretariat.

6. All collated information will remain confidential, and de-identified for evaluation reporting purposes.

7. The accreditation evaluation results will be analysed and reported to the Accreditation and Standards Committee biannually.
8. The evaluation report should contain findings of the evaluation and include recommendations on how improvements may be made and/or identified issues overcome.

9. The Accreditation and Standards Committee will be appraised of ongoing feedback on the accreditation process. For each evaluation report, a committee response to the findings and recommendations in the evaluation report will be tabled in the committee minutes. This will provide an opportunity for discussion of the results, learning and program implications arising from the evaluation process.

RESPONSIBILITIES

PMCWA Accreditation and Standards Committee
The Accreditation and Standards Committee has the overarching responsibility to establish the accreditation evaluation program, including:

- Providing timely response to the findings and/or recommendations of evaluation reports
- Promoting an evaluative culture within PMCWA and the accreditation program

PMCWA Executive Committee

- Ensuring adequate human, physical and financial resources to support the evaluation process
- Promoting an evaluative culture within PMCWA and the accreditation program

PMCWA Secretariat

The Secretariat is responsible for the operational implementation of the accreditation evaluation process, including:

- Planning schedule maintenance of the accreditation evaluation process
- Analysis of the collated data
- Biannual reporting of evaluation findings and recommendations
- Ensuring that relevant stakeholders are clearly informed and aware of their professional obligations to participate in the accreditation evaluation process

Individual Surveyors and Accreditation Stakeholders

- Provides necessary and timely information to the Accreditation and Standards Committee and Secretariat for program evaluation purposes

VERSION CONTROL

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<tr>
<th>Endorsed by:</th>
<th>PMCWA Accreditation &amp; Standards Committee</th>
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<tr>
<td>Effective Date:</td>
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<td>24/03/2017</td>
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<tr>
<td>Primary Contact</td>
<td>Program Officer, PMCWA</td>
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</table>
## Appendix P: Table: Accreditation Criteria and Evidence Required

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Prevocational Training Program</strong></td>
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</table>
| **1.1 Capacity to provide mandatory supervised general clinical experience** | - A nominated site and officer for administering its role as a PEHS for example Director of Postgraduate Medical Education and Postgraduate Medical Education Unit.  
- The capability to deliver all required core (mandatory) terms and sufficient non-core terms within the PEHS and its placement health services and terms.  
- A range of terms sufficient to fulfil the requirements of the Medical Board of Australia and PMCWA.  
- Confirmed year term rotations including placement terms where applicable for each prevocational doctor at least one month prior to prevocational doctor commencement dates. |    |      |     |     |               |
|                                                                             | Copies of proposed year term rotations for each prevocational doctor outlining the terms and durations, including placement terms where applicable.  
- Copies of confirmed year term rotations for each prevocational doctor outlining the terms and durations, including placement terms where applicable, must be provided to PMCWA at least one month prior to prevocational doctor commencement dates.  
- Copies of evidence of case mix/workload infrastructure and support data for the overall health service and each unit to be accredited.  
- Accreditation survey interviews. | √   |      |     |     |               |
| **1.2 Strategic planning and training budget**                             | - The purpose of the health service includes setting and promoting high standards of medical practice and prevocational doctor training.  
- Each health service undertakes strategic planning and should provide a dedicated budget to appropriately fund and support ongoing and future needs of the Prevocational Training Program (PTP).  
- The person(s) involved in implementing the PTP should be actively involved in the strategic planning process. |    | √   | √   |     |               |
|                                                                             | Documentation of organisational purpose and aims.  
- A documented commitment to support the ongoing and future needs of the PTP.  
- Evidence showing that the person(s) involved in implementing the PTP is actively involved in the strategic planning process.  
- Accreditation survey interviews. | √   |      |     |     |               |
<p>| <strong>1.3 Structure supportive of prevocational doctors</strong>                      | Copy of the organisational structure outlining the roles and responsibilities relevant to PTP. | √   | √   | √   |               |</p>
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
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<tbody>
<tr>
<td><strong>1.3 Structure supportive of prevocational doctors (continued)</strong></td>
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<tr>
<td></td>
<td>Demonstration that the ratio of Postgraduate Medical Education Unit staff to prevocational doctors complies with the WA Medical Education Calculator.</td>
<td>✓</td>
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<td></td>
<td>PEHS must have a Director of Postgraduate Medical Education (DPGME).</td>
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<td></td>
<td>The position of Director of Clinical Training shall be separate to the Director of Clinical Services, to minimise conflict of interest between service and training. If the role is shared, approval from the PMCWA Accreditation &amp; Standards Committee must be obtained.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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<tr>
<td><strong>1.4 Delivery and coordination of prevocational training</strong></td>
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<tr>
<td>• Each health service ensures it has policies, processes and procedures in place that facilitate the delivery and coordination of prevocational training including supervision and orientation.</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td></td>
<td>Copies of policies, processes and procedures relevant to the delivery and coordination of the PTP for each health service where prevocational doctors are employed and placed.</td>
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<td></td>
<td>Demonstration of mechanisms monitoring implementation of policies, processes and procedures between and within the health services.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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<tr>
<td><strong>1.5 Prevocational Training Committee</strong></td>
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<tr>
<td>• Each health service has a Prevocational Training Committee (PTC) or equivalent responsible for the coordination of its PTP in order to protect and preserve the best interests of the patient, the supervisor, the prevocational doctor and the health service. Placement health services may choose either to incorporate training responsibilities into the terms of reference of an existing clinical committee e.g. Medical Advisory Committee, or accept a watching brief from the PTC of the PEHS. The Terms of Reference (TOR) should define education and training governance. The TOR should/will ensure that:</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<td></td>
<td>Appropriate reporting lines are in place and that communication channels within all levels of the health service are fully utilised.</td>
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</tbody>
</table>
### 1.5 Prevocational Training Committee (continued)

- Specific prevocational training policies and procedures are developed and endorsed where this is appropriate.
- Appropriate membership on the Committee includes representatives of postgraduate medical education unit, supervisors, resident medical officers, interns, medical administration and all placement health services.
- The Chair does not currently hold a management position within the health service, for example the Chair should be separate from the Director of Clinical Services or other position that has primary responsibility for workforce.
- There is an annual review of the TOR and performance measures.
- The Committee promotes quality assurance, complies with the PMCWA Standards and relevant national and state laws and regulations pertaining to prevocational training, and encourages educational excellence.
- The Committee monitors changes that may impact on delivery of PTP and notifies PMCWA of any changes that may significantly impact upon the education and training of prevocational doctors.

<table>
<thead>
<tr>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEHS</td>
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<tr>
<td>PPHS</td>
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<tr>
<td>PHS</td>
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</tbody>
</table>

### 1.6 Coordination between Health Services

- Prevocational medical education is coordinated between PEHS, Primary Placement and Placement Health Services. There is a systematic communication between network partners to optimise learning outcomes for the prevocational doctor. There is a clear definition of the training experience available for the prevocational doctor when seconded from the PEHS.

<table>
<thead>
<tr>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td>PEHS</td>
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<td>PPHS</td>
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<tr>
<td>PHS</td>
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</tbody>
</table>

- Documentation detailing the process for communication between network partners.
- Copies of minutes of meetings between network partners.
- Copies of RMO term allocations
- Documents specifying the obligations of each Primary Placement and Placement Health Service in supporting training and the learning objectives for prevocational doctors at that site.
- Accreditation survey interviews.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.7 Process for Appointment to Program</strong></td>
<td>• The process for appointment to prevocational training programs must be:</td>
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<td></td>
<td>• underpinned by a clear statement of principles</td>
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<td></td>
<td>• based on published criteria and the principles of the program concerned</td>
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<td></td>
<td>• transparent, rigorous and fair</td>
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<td>• in the case of intern appointments, consistent with and integrated with the national process.</td>
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<tr>
<td></td>
<td>□ Documentation of selection processes.</td>
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<td>√</td>
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<tr>
<td></td>
<td>□ Accreditation survey interviews.</td>
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<tr>
<td><strong>2. Health Service Wide Systems for Supervision and Training</strong></td>
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<tr>
<td><strong>2.1 Understanding of role</strong></td>
<td>□ Job description forms for relevant positions.</td>
<td>√</td>
<td>√</td>
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<tr>
<td></td>
<td>□ Accreditation survey interviews.</td>
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<td></td>
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</tr>
<tr>
<td><strong>2.2 Support for supervisors, term supervisors and directors of clinical training</strong></td>
<td>□ List of relevant professional development for term supervisors, directors of clinical training and other clinical supervisors.</td>
<td>√</td>
<td>√</td>
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<tr>
<td></td>
<td>□ Accreditation survey interviews.</td>
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<tr>
<td><strong>2.3 Prevocational doctor feedback</strong></td>
<td>□ Documentation of feedback mechanisms provided to prevocational doctors and relevant policy documents.</td>
<td>√</td>
<td>√</td>
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</tr>
<tr>
<td></td>
<td>□ Accreditation survey interviews.</td>
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<tr>
<td>Criteria</td>
<td>Evidence</td>
<td>PEHS</td>
<td>PPHS</td>
<td>PHS</td>
<td>Term/Rotation</td>
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<tr>
<td><strong>2.4 Supervisor feedback</strong>&lt;br&gt;• The health service has formal evaluation mechanisms and informal opportunities to gather feedback from supervisors and senior staff on all aspects of the PTP, all accreditation standards and criteria, and other factors, which may influence the clinical and/or educational experience of prevocational doctors.</td>
<td>Documentation of feedback mechanisms provided to supervisors and senior staff and relevant policy documents.&lt;br&gt;Accreditation survey interviews.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>&lt;br&gt;2.5 Identification of opportunities for improvements&lt;br&gt;• The health service regularly evaluates and reviews its PTP and infrastructure to ensure that standards are being maintained. The processes must check program content, quality of teaching and supervision, assessment and trainees’ progress.&lt;br&gt;• The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
</tr>
<tr>
<td>Criteria</td>
<td>Evidence</td>
<td>PEHS</td>
<td>PPHS</td>
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</table>
| **2.6 Health service orientation (continued)**                          | It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.  
Accreditation survey interviews.                                                                                                                                                                                                                                         |      |      |     |               |
| **2.7 Clinical opportunities**                                           | - The health service provides prevocational doctors with terms of appropriate length, quality and content to ensure the attainment of necessary clinical experience and which reflects the Australian Curriculum Framework for Junior Doctors.  
- Statement of ‘Term Objectives’.  
The statement of term objectives should be as it is provided to the prevocational doctor during orientation and include the clinical and non-clinical skills obtainable during the term.  
Timetable of weekly clinical and education sessions of prevocational doctors in the rotation.  
The prevocational doctor weekly timetable should include teaching time and clinical duties. This may be replaced by copies of the prevocational doctor’s duty roster including formal education programs and of the job description should they provide the information requested.  
Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.  
If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.  
Basic clinical activity statistics per department and for the hospital or practice.  
Statistics required are:  
Workforce - Medical establishment  
Activity – Average monthly separations by discipline | √    |    | √  |               |
<table>
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<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/ Rotation</th>
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<tbody>
<tr>
<td><strong>2.7 Clinical opportunities (continued)</strong></td>
<td>Beds – Distribution per discipline</td>
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<td></td>
<td>Casemix – Procedural and non-procedural, emergency and elective</td>
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<tr>
<td></td>
<td>– Outpatient Activity per discipline</td>
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<td>Statistics may be excerpts from the rotation annual report although recent statistics are highly desirable.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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<tr>
<td><strong>2.8 Formal education opportunities</strong></td>
<td>Copy of the formal education timetable.</td>
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<tr>
<td></td>
<td>Copy of relevant policy and summary of program implementation over last 12 months.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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<tr>
<td><strong>2.9 Performance management processes</strong></td>
<td>Copy of relevant policy and documents for the performance management process.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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- The health service provides ‘protected’ formal education opportunities, which are relevant to the needs of the prevocational doctor and the clinical needs of the health service, and reflect the Australian Curriculum Framework for Junior Doctors. The health service documents attendance of and participation in ‘protected’ formal education opportunities. Attendance is compulsory for interns (PGY1) and is encouraged or compulsory for PGY2+ prevocational doctors.

- The health service has a system in place for recognising and supporting prevocational doctors who are achieving below expected levels at the initial stages in order to ensure a management plan is developed and implemented in a timely manner.

- The PTP has clear procedures to immediately address any concerns about patient safety related to the performance of prevocational doctors.

- The health service establishes review groups when appropriate to assist with more complex decisions on remediation of prevocational doctors who do not achieve satisfactory supervisor assessments.

- The system and processes meet the Australian Medical Council standards and requirements for intern assessment and remediation.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
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</table>
| **2.10 Personal support** | - The health service has mechanisms for:  
  - effectively dealing with issues, concerns and grievances raised by prevocational doctors, including appropriate counselling mechanisms and confidentiality  
  - identifying prevocational doctors with particular needs  
  - career guidance  
  - supporting and promoting the professional development of prevocational doctors  
  - encouraging prevocational doctors to take responsibility for their personal health and well-being.  
  - Copy of relevant policies and procedures for dealing with issues, concerns and grievances.  
  - Copy of relevant policies and procedures for identifying prevocational doctors with particular needs.  
  - Copy of relevant procedures and other documentation relating to the provision of career guidance to prevocational doctors.  
  - Copy of relevant policies and procedures for supporting and promoting the professional development of prevocational doctors and encouraging them to take responsibility for their personal health and well-being.  
  - Accreditation survey interviews. |
| **2.11 Safe and flexible work practices** | - The health service provides safe and flexible work practices, including:  
  - rosters that balance the service needs of the health service with safe working hours for prevocational doctors  
  - flexible working hours  
  - systems to facilitate prevocational doctors seeking job share arrangements  
  - accommodating where possible, the requests of the prevocational doctor in accessing leave entitlements through a transparent, fair and practical process  
  - terms and conditions of employment in accordance with the Award  
  - guiding and supporting supervisors and prevocational doctors in the implementation and review of flexible training arrangements  
  - flexible training arrangements for interns that are consistent with the registration standard.  
  - Copy of relevant policies, procedures and documents for providing safe and flexible work practices.  
  - Accreditation survey interviews. |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.12 Physical facilities and amenities</strong> <em>(Full details are provided in the Accreditation Standards Guidelines.)</em></td>
<td>● The health service provides a physical environment and amenities that support the well-being of prevocational trainees including:</td>
<td></td>
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</tr>
<tr>
<td><strong>2.12.1 Security in physical amenities</strong></td>
<td>● Each health care facility provides a safe and comfortable working environment for all prevocational doctors.</td>
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<tr>
<td><strong>2.12.2 Provision of physical space for consuming meals, relaxation and communication</strong></td>
<td>● Each health care facility provides a doctors common room, or equivalent, available 24 hours per day (or when doctors are rostered on duty) that provides a private area where prevocational doctors can go to rest, eat, and informally meet, debrief and obtain peer support from other doctors.</td>
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<tr>
<td><strong>2.12.3 On-call and rest area amenities</strong></td>
<td>● Each health care facility provides a physical space that is quiet and separate from patients and relatives and provides a bed for rest or sleep.</td>
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<tr>
<td><strong>2.12.4 Provision of nutrition during and after ordinary working hours</strong></td>
<td>● Each health care facility provides access to nutrition on a 24-hour basis.</td>
<td></td>
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</tr>
<tr>
<td><strong>2.13 Learning and workspace facilities</strong> <em>(Full details are provided in the Accreditation Standards Guidelines.)</em></td>
<td>● The health service provides a physical environment and amenities that support the well-being of prevocational doctors including:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>2.13.1 Communication facilities during and after ordinary working hours</strong></td>
<td>● Each health care facility will provide services that facilitate communication during and after ordinary working hours for use of medical officers</td>
<td></td>
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</tr>
<tr>
<td><strong>2.13.2 Workspace in clinical environment</strong></td>
<td>● Each health care facility provides a physical space that promotes productivity and communication in the clinical environment.</td>
<td></td>
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</tr>
<tr>
<td>Content page of the orientation manual.</td>
<td>The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.</td>
<td></td>
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<tr>
<td>Electronic documents referenced during prevocational doctor orientation.</td>
<td>Please note these documents do not need to be printed but must be available to the surveyors upon request.</td>
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<tr>
<td>Site visit.</td>
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<tr>
<td>Accreditation survey interviews.</td>
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</tbody>
</table>
### Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.13.3 Learning facilities</strong>&lt;br&gt;• Each health care facility provides attending prevocational doctors with learning facilities in a quiet environment.</td>
<td>✔ Accreditation survey interviews.</td>
<td></td>
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</tbody>
</table>

### 3. Unit/Department/Practice Prevocational Training

#### 3.1 Term orientation

- The Unit/Department/Practice provides orientation to all prevocational doctors at or immediately before, the commencement of each term. Orientation to the term should include written and verbal briefings on (but not limited to):
  - key contact people, including the nominated term supervisor
  - their roles and responsibilities
  - their timetable including education and clinical activities
  - learning objectives for the term against the Australian Curriculum Framework for Junior Doctors
  - assessment, appraisal and evaluation mechanisms
  - physical facilities, including evacuation points
  - use of and access to information technology and resources
  - relevant policies and procedures and access instructions.

- Content page of the orientation manual.
- The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.
- Electronic documents referenced during prevocational doctor orientation.
- Please note these documents do not need to be printed but must be available to the surveyors upon request.
- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.
  - If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.

#### 3.2 Educational opportunities

- The Unit/Department/Practice provides:
  - valuable bedside teaching and other informal education opportunities which reflect the Australian Curriculum Framework for Junior Doctors as part of all rotations

- Statement of ‘Term Objectives’.
- The statement of term objectives should be as it is provided to the prevocational doctor during orientation and include the clinical and non-clinical skills obtainable during the term.
### 3.2 Educational opportunities (continued)

- balanced clinical opportunities for prevocational training
- identification of the relevant global outcome statements and the skills and procedures that can be achieved in that rotation, along with the nature and range of clinical experience available to meet these objectives.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timetable of weekly clinical and education sessions of prevocational doctors in the rotation.</td>
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<td></td>
<td>The prevocational doctor weekly timetable should include teaching time and clinical duties. This may be replaced by copies of the prevocational doctor’s duty roster including formal education programs and of the job description should they provide the information requested.</td>
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<td></td>
<td>Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.</td>
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<td></td>
<td>If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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</tbody>
</table>

### 3.3 Term supervisors

- Each Unit/Department/Practice has a term supervisor, who is responsible for ensuring the adequacy and effectiveness of education and training for the prevocational doctor.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>List of term supervisors.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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</tbody>
</table>

### 3.4 Supervision

- The Unit/Department/Practice ensures that prevocational doctors are supervised as appropriate to their needs (predetermined by the health service setting, type of term, experience and skill level of the prevocational trainee). In health services where a registrar or equivalent is not employed, attending medical officers must be available at short notice (see Appendix I: Policy: Supervision of Prevocational Doctors).

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
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<tbody>
<tr>
<td></td>
<td>Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.</td>
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<td></td>
<td>If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead.</td>
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<tr>
<td>Criteria</td>
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<td>Term/Rotation</td>
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<tr>
<td><strong>3.4 Supervision (continued)</strong></td>
<td>It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.</td>
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<td></td>
<td>- Documents outlining supervision arrangements including supervisor timetables.</td>
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<td></td>
<td>- Accreditation survey interviews.</td>
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<tr>
<td><strong>3.5 Supporting prevocational doctors taking responsibility</strong></td>
<td>- Statement of ‘Term Objectives’. The statement of term objectives should be as it is provided to the prevocational doctor during orientation and include the clinical and non-clinical skills obtainable during the term.</td>
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<td></td>
<td>- Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.</td>
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<td></td>
<td>- If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.</td>
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<td></td>
<td>- Copy of relevant policies and procedures.</td>
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<td></td>
<td>- Accreditation survey interviews.</td>
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<tr>
<td><strong>3.6 Appraisal mechanism</strong></td>
<td>- Copy of documents outlining feedback arrangements and mechanisms provided to prevocational doctors.</td>
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<tr>
<td></td>
<td>- Content page of the orientation manual. The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.</td>
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</tbody>
</table>
### 3.6 Appraisal mechanism (continued)
- Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic documents referenced during prevocational doctor orientation. Please note these documents do not need to be printed but must be available to the surveyors upon request.</td>
<td></td>
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<tr>
<td>Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation. If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.</td>
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<tr>
<td>Accreditation survey interviews.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>● The Unit/Department/Practice has a system for the regular formal assessment of prevocational doctors, which involves input from consultants, registrars, nursing staff and other health professionals, as appropriate.</td>
<td>Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation. If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.</td>
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<tr>
<td>● The intern training program documents the assessment of the intern’s performance in a process consistent with the Medical Board of Australia and Australian Medical Council requirements as articulated in the registration standard and national internship framework.</td>
<td>Accreditation survey interviews.</td>
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<tr>
<td>Criteria</td>
<td>Evidence</td>
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</tbody>
</table>
| **3.8 Prevocational doctors are informed of the assessment and appraisal processes** | - The term supervisor clearly explains the criteria, process and timing of the assessment and appraisal processes to prevocational doctors.  
  - Content page of the orientation manual.  
    The full manual is not required in advance. PMCWA requests it be made available on the day of the survey in either hardcopy or electronic format as it is presented to the prevocational doctors.  
  - Electronic documents referenced during prevocational doctor orientation.  
    Please note these documents do not need to be printed but must be available to the surveyors upon request.  
  - Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.  
    If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead. It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.  
  - Accreditation survey interviews.                                                                                               |
| **Term/Rotation**                                                        | PEHS | PPHS | PHS | √  |

| 3.9 Achievement below expected level                                    | Copy of relevant policy and documents for the performance management process.  
  - Supervisors understand and appropriately implement systems in place for the identification of prevocational doctors who are achieving below expected level. Prevocational doctors are aware of performance management processes and systems.  
  - Completed PMCWA questionnaires from doctors currently in the rotation and if possible questionnaires from prevocational doctors who have previously been in the rotation.  
  - If the information has been captured in the term evaluations, the de-identified results of the evaluations of the past 5-6 rotations should be provided instead.                                                                 |
<p>| Term/Rotation                                                           | PEHS | PPHS | PHS | √  |</p>
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
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</thead>
<tbody>
<tr>
<td><strong>3.9 Achievement below expected level (continued)</strong></td>
<td>It is recommended that term evaluations are completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment.</td>
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<td>Accreditation survey interviews.</td>
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<tr>
<td><strong>3.10 Obtaining consent to treatment by prevocational doctors</strong></td>
<td>Copy of policy and lists of reasonable procedures for which a prevocational doctor would be expected to obtain consent and to not obtain consent.</td>
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<tr>
<td></td>
<td>Copy of DOHWA procedure specific information sheets accessible to prevocational doctors within the Unit/Department/Practice.</td>
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<tr>
<td></td>
<td>Copy of orientation paperwork that includes a list of procedures and information about access to procedure specific information sheets for procedures that the prevocational doctor may be asked to seek consent.</td>
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<td></td>
<td>Accreditation survey interviews.</td>
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<tr>
<td><strong>3.11 Sufficient case numbers and case mix to provide adequate learning opportunities</strong></td>
<td>Cover letter from DPGME or WA General Practice Education and Training. This letter should include the accreditation level recommended, identified deficiencies, recent or planned improvements and other forecast changes to the term.</td>
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<td></td>
<td>Basic clinical activity statistics per department and for the hospital or practice.</td>
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<td></td>
<td>Statistics required are:</td>
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<td></td>
<td>Workforce - Medical establishment</td>
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</table>
## Criteria

<table>
<thead>
<tr>
<th>Evidence</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
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</thead>
<tbody>
<tr>
<td><strong>3.11 Sufficient case numbers and case mix to provide adequate learning opportunities (continued)</strong></td>
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<tr>
<td>Activity – Average monthly separations by discipline</td>
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<tr>
<td>Beds – Distribution per discipline</td>
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<tr>
<td>Casemix – Procedural and non-procedural, emergency and elective</td>
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<tr>
<td>– Outpatient Activity per discipline</td>
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<td>Statistics may be excerpts from the rotation annual report although recent statistics are highly desirable.</td>
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<tr>
<td>Accreditation survey interviews.</td>
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</tbody>
</table>

### VERSION CONTROL

- **Endorsed by:** PMCWA Accreditation & Standards Committee  
- **Effective Date:** 09/09/2014  
- **Review Date:** 24/03/2017  
- **Primary Contact:** Program Officer, PMCWA
### Appendix Q: Table: Accreditation Criteria and Evidence Required – Evidence Examples for Transitioning Services

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence specific to the criterion</th>
<th>Evidence applicable for whole criteria group</th>
<th>PEHS</th>
<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Prevocational Training Program</strong></td>
<td></td>
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<tr>
<td><strong>1.1 Capacity to provide mandatory supervised general clinical experience</strong></td>
<td>- Copies of proposed year term rotations for each prevocational doctor outlining the terms and durations, including placement terms where applicable.</td>
<td>Copies of confirmed year term rotations for each prevocational doctor outlining the terms and durations, including placement terms where applicable.</td>
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<tr>
<td></td>
<td>- Copies of evidence of case mix/workload infrastructure and support data for the overall health service and each unit to be accredited.</td>
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<tr>
<td></td>
<td>- Previous accreditation reports for already accredited sites and terms which will transition or reconfigure.</td>
<td>Previous accreditation reports for already accredited sites and terms which will transition or reconfigure.</td>
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<td></td>
<td>- Clinical Service Plan/s or other plans outlining scope of clinical activities e.g. no. of beds, outpatient clinic / theatre intentions..</td>
<td>Clinical Service Plan/s or other plans outlining scope of clinical activities e.g. no. of beds, outpatient clinic / theatre intentions..</td>
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<tr>
<td></td>
<td>- Current/Forecast activity data for services requiring prevocational accreditation.</td>
<td>Current/Forecast activity data for services requiring prevocational accreditation.</td>
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<tr>
<td></td>
<td>- Staff FTE build – No.s of Consultants, Registrars, Resident Medical Officers and Interns by Term pre and post-transition.</td>
<td>Staff FTE build – No.s of Consultants, Registrars, Resident Medical Officers and Interns by Term pre and post-transition.</td>
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<tr>
<td></td>
<td>- Organisational structure outline.</td>
<td>Organisational structure outline.</td>
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<td></td>
<td>- Briefing Note on current vocational accreditation and any plans/progress towards further vocational accreditation.</td>
<td>Briefing Note on current vocational accreditation and any plans/progress towards further vocational accreditation.</td>
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<tr>
<td></td>
<td>- Copies of policies, memoranda of understanding etc relevant to the accreditation criteria.</td>
<td>Copies of policies, memoranda of understanding etc relevant to the accreditation criteria.</td>
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</tr>
<tr>
<td><strong>1.2 Strategic planning and training budget</strong></td>
<td>- Documentation of organisational purpose and aims.</td>
<td>- Documentation of organisational purpose and aims.</td>
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<tr>
<td></td>
<td>- A documented commitment to support the ongoing and future needs of the PTP.</td>
<td>A documented commitment to support the ongoing and future needs of the PTP.</td>
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<td></td>
<td>- Evidence showing that the person(s) involved in implementing the PTP is actively involved in the strategic planning process.</td>
<td>Evidence showing that the person(s) involved in implementing the PTP is actively involved in the strategic planning process.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- Copies of policies, memoranda of understanding etc relevant to the accreditation criteria.</td>
<td>Copies of policies, memoranda of understanding etc relevant to the accreditation criteria.</td>
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</tbody>
</table>
### 1.3 Structure supportive of prevocational doctors

- Each health service provides an administrative and organisational structure supportive of prevocational doctors, including sufficient resources to effectively manage prevocational doctors.

<table>
<thead>
<tr>
<th>Evidence specific to the criterion</th>
<th>Evidence applicable for whole criteria group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of the organisational structure outlining the roles and responsibilities relevant to PTP.</td>
<td>PEHS</td>
</tr>
<tr>
<td>Demonstration that the ratio of Postgraduate Medical Education Unit staff to prevocational doctors complies with the WA Medical Education Calculator.</td>
<td>√</td>
</tr>
<tr>
<td>PEHS must have a Director of Postgraduate Medical Education (DPGME).</td>
<td>√</td>
</tr>
<tr>
<td>The position of Director of Clinical Training shall be separate to the Director of Clinical Services, to minimise conflict of interest between service and training. If the role is shared, approval from the PMCWA Accreditation &amp; Standards Committee must be obtained.</td>
<td>√</td>
</tr>
</tbody>
</table>

### 1.4 Delivery and coordination of prevocational training

- Each health service ensures it has policies, processes and procedures in place that facilitate the delivery and coordination of prevocational training including supervision and orientation.

<table>
<thead>
<tr>
<th>Evidence specific to the criterion</th>
<th>Evidence applicable for whole criteria group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copies of policies, processes and procedures relevant to the delivery and coordination of the PTP for each health service where prevocational doctors are employed and placed.</td>
<td>PEHS</td>
</tr>
</tbody>
</table>

### 1.5 Prevocational Training Committee

- Each health service has a Prevocational Training Committee (PTC) or equivalent responsible for the coordination of its PTP in order to protect and preserve the best interests of the patient, the supervisor, the prevocational doctor and the health service.

<table>
<thead>
<tr>
<th>Evidence specific to the criterion</th>
<th>Evidence applicable for whole criteria group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of the TOR for the Committee responsible for PTP including membership.</td>
<td>PEHS</td>
</tr>
<tr>
<td>Copies of minutes for up to the past twelve months.</td>
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<td>Criteria</td>
<td>Evidence specific to the criterion</td>
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<tr>
<td><strong>1.5 Prevocational Training Committee cont.</strong></td>
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<tr>
<td>Placement health services may choose either to incorporate training responsibilities into the terms of reference of an existing clinical committee e.g. Medical Advisory Committee, or accept a watching brief from the PTC of the PEHS. The Terms of Reference (TOR) should define education and training governance. The TOR should/will ensure that:</td>
<td></td>
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<tr>
<td>• Appropriate reporting lines are in place and that communication channels within all levels of the health service are fully utilised.</td>
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</tr>
<tr>
<td>• Specific prevocational training policies and procedures are developed and endorsed where this is appropriate.</td>
<td></td>
</tr>
<tr>
<td>• Appropriate membership on the Committee includes representatives of postgraduate medical education unit, supervisors, resident medical officers, interns, medical administration and all placement health services.</td>
<td></td>
</tr>
<tr>
<td>• The Chair does not currently hold a management position within the health service, for example the Chair should be separate from the Director of Clinical Services or other position that has primary responsibility for workforce.</td>
<td></td>
</tr>
<tr>
<td>• There is an annual review of the TOR and performance measures.</td>
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</tr>
<tr>
<td>• The Committee promotes quality assurance, complies with the PMCWA Standards and relevant national and state laws and regulations pertaining to prevocational training, and encourages educational excellence.</td>
<td></td>
</tr>
<tr>
<td>• The Committee monitors changes that may impact on delivery of PTP and notifies PMCWA of any changes that may significantly impact upon the education and training of prevocational doctors.</td>
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<tr>
<td>Criteria</td>
<td>Evidence specific to the criterion</td>
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</tr>
<tr>
<td><strong>1.6 Coordination between Health Services</strong></td>
<td>• Prevocational medical education is coordinated between PEHS, Primary Placement and Placement Health Services. There is a systematic communication between network partners to optimise learning outcomes for the prevocational doctor. There is a clear definition of the training experience available for the prevocational doctor when seconded from the PEHS.</td>
</tr>
<tr>
<td></td>
<td>□ Documentation detailing the process for communication between network partners.</td>
</tr>
<tr>
<td></td>
<td>□ Copies of minutes of meetings between network partners.</td>
</tr>
<tr>
<td></td>
<td>□ Copies of RMO term allocations</td>
</tr>
<tr>
<td></td>
<td>□ Documents specifying the obligations of each Primary Placement and Placement Health Service in supporting training and the learning objectives for prevocational doctors at that site.</td>
</tr>
<tr>
<td><strong>1.7 Process for Appointment to Program</strong></td>
<td>• The process for appointment to prevocational training programs must be:</td>
</tr>
<tr>
<td></td>
<td>• underpinned by a clear statement of principles</td>
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<tr>
<td></td>
<td>• based on published criteria and the principles of the program concerned</td>
</tr>
<tr>
<td></td>
<td>• transparent, rigorous and fair</td>
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<td></td>
<td>• in the case of intern appointments, consistent with and integrated with the national process.</td>
</tr>
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<td></td>
<td>□ Documentation of selection processes.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
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<th>Term/Rotation</th>
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<tbody>
<tr>
<td><strong>2. Health Service Wide Systems for Supervision and Training</strong></td>
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<tr>
<td><strong>2.1 Understanding of role</strong></td>
<td>The health service ensures that the position description for all staff responsible for supervising prevocational</td>
<td></td>
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<tr>
<td></td>
<td>□ Job description forms for relevant positions.</td>
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<td>√</td>
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</tr>
<tr>
<td>Criteria</td>
<td>Evidence</td>
<td>Evidence applicable for whole criteria group</td>
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<tr>
<td>trainees includes the roles and responsibilities specific to supervision of prevocational doctors.</td>
<td>Plan/Letter of intent for relevant professional development for term supervisors, directors of clinical training and other clinical supervisors.</td>
<td>which will transition or reconfigure.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2.2 Support for supervisors, term supervisors and directors of clinical training</td>
<td>Letter of intent to ensure all supervisors post-transition will be adequately trained and aware of feedback and assessment mechanisms prior to the transition.</td>
<td>确认supervisors are identified, trained in feedback and assessment and are aware of supervisor support and feedback mechanisms.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• The health service provides adequate professional development and support for term supervisors, directors of clinical training and other clinical supervisors to ensure that they have the relevant understanding and skills required for supervision, instruction and assessment.</td>
<td>Confirmation prior to transition of services that Supervisors are identified, trained in feedback and assessment and are aware of supervisor support and feedback mechanisms.</td>
<td>Internal term evaluations post-transition to monitor implementation of supervisor training and roles.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2.3 Prevocational doctor feedback</td>
<td>Internal term evaluations post-transition to monitor implementation of supervisor training and roles.</td>
<td>Clinical Service Plan/s or other plans outlining scope of clinical activities e.g. no. of beds, outpatient clinic / theatre intentions.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• The health service has formal evaluation mechanisms and informal opportunities to gather feedback (including confidential feedback) from prevocational doctors in all aspects of their education program, all accreditation standards and criteria, and other factors which may influence their clinical and/or educational experience.</td>
<td>Documentation of current and planned feedback mechanisms for prevocational doctors and relevant policy documents.</td>
<td>Documentation of feedback mechanisms provided to supervisors and senior staff and relevant policy documents.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2.4 Supervisor feedback</td>
<td>Documentation of feedback mechanisms provided to supervisors and senior staff and relevant policy documents.</td>
<td>Documentation of feedback mechanisms provided to supervisors and senior staff and relevant policy documents.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>• The health service has formal evaluation mechanisms and informal opportunities to gather feedback from supervisors and senior staff on all aspects of the PTP, all accreditation standards and criteria, and other factors, which may influence the clinical and/or educational experience of prevocational doctors.</td>
<td>Documentation of feedback mechanisms provided to supervisors and senior staff and relevant policy documents.</td>
<td>Documentation of feedback mechanisms provided to supervisors and senior staff and relevant policy documents.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>2.5 Identification of opportunities for improvements</td>
<td>The health service regularly evaluates and reviews its PTP and infrastructure to ensure that standards are being maintained. The processes must check program content, quality of teaching and supervision, assessment and trainees’ progress.</td>
<td>The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
<td>✓</td>
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<td>✓</td>
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</tr>
<tr>
<td>• The health service regularly evaluates and reviews its PTP and infrastructure to ensure that standards are being maintained. The processes must check program content, quality of teaching and supervision, assessment and trainees’ progress.</td>
<td>The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
<td>The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
<td>✓</td>
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<tr>
<td>• The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
<td>The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
<td>The health service uses assessments, evaluation and feedback information to enhance the education and training of prevocational doctors.</td>
<td>✓</td>
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</table>

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<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td><strong>2.6 Health service orientation</strong></td>
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</tbody>
</table>
| • The health service provides orientation to all prevocational doctors, including information about (but not limited to):  
  • health service policies, procedures, and structure  
  • key contact people  
  • their roles and responsibilities  
  • counselling services  
  • resuscitation training and assessment  
  • appraisal, assessment and evaluation mechanisms  
  • access to education resources  
  • emergency procedures  
  • use of and access to information technology and resources. |  |  |  |  |  |  |
<p>| | | | | | | |
|  |  |  |  |  |  |  |
| <strong>2.7 Clinical opportunities</strong> |  |  |  |  |  |  |
| • The health service provides prevocational doctors with terms of appropriate length, quality and content to ensure the attainment of necessary clinical experience and which reflects the Australian Curriculum Framework for Junior Doctors. |  |  |  |  |  |  |</p>
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence</th>
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<th>PHS</th>
<th>Term/Rotation</th>
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<tbody>
<tr>
<td><strong>2.8 Formal education opportunities</strong></td>
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<tr>
<td>• The health service provides ‘protected’ formal education opportunities, which are relevant to the needs of the prevocational doctor and the clinical needs of the health service, and reflect the Australian Curriculum Framework for Junior Doctors.</td>
<td>Copy of the formal education timetable.</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>2.9 Performance management processes</strong></td>
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<tr>
<td>• The health service has a system in place for recognising and supporting prevocational doctors who are achieving below expected levels at the initial stages in order to ensure a management plan is developed and implemented in a timely manner.</td>
<td>Copy of relevant policy and documents for the performance management process.</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>• The PTP has clear procedures to immediately address any concerns about patient safety related to the performance of prevocational doctors.</td>
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<tr>
<td>• The health service establishes review groups when appropriate to assist with more complex decisions on remediation of prevocational doctors who do not achieve satisfactory supervisor assessments.</td>
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<tr>
<td>• The system and processes meet the Australian Medical Council standards and requirements for intern assessment and remediation.</td>
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<tr>
<td><strong>2.10 Personal support</strong></td>
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<tr>
<td>• The health service has mechanisms for:</td>
<td>Copy of relevant policies and procedures for dealing with issues, concerns and grievances.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>• effectively dealing with issues, concerns and grievances raised by prevocational doctors, including appropriate counselling mechanisms and confidentiality</td>
<td>Copy of relevant policies and procedures for identifying prevocational doctors with particular needs.</td>
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<tr>
<td>• identifying prevocational doctors with particular needs</td>
<td>Copy of relevant procedures and other documentation relating to the provision of</td>
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<tr>
<td>• career guidance</td>
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<td>• supporting and promoting the professional</td>
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<tr>
<td>Criteria</td>
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<tr>
<td>development of prevocational doctors</td>
<td>career guidance to prevocational doctors.</td>
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<tr>
<td><strong>2.10 Personal support cont.</strong></td>
<td>Copy of relevant policies and procedures for supporting and promoting the professional development of prevocational doctors and encouraging them to take responsibility for their personal health and well-being.</td>
<td></td>
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<tr>
<td>- encouraging prevocational doctors to take responsibility for their personal health and well-being.</td>
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<tr>
<td><strong>2.11 Safe and flexible work practices</strong></td>
<td>Copy of relevant policies, procedures and documents for providing safe and flexible work practices.</td>
<td>√</td>
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<tr>
<td>- The health service provides safe and flexible work practices, including:</td>
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<td>- rosters that balance the service needs of the health service with safe working hours for prevocational doctors</td>
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<td>- flexible working hours</td>
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<tr>
<td>- systems to facilitate prevocational doctors seeking job share arrangements</td>
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<td>- accommodating where possible, the requests of the prevocational doctor in accessing leave entitlements through a transparent, fair and practical process</td>
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<tr>
<td>- terms and conditions of employment in accordance with the Award</td>
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<tr>
<td>- guiding and supporting supervisors and prevocational doctors in the implementation and review of flexible training arrangements</td>
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<td>- flexible training arrangements for interns that are consistent with the registration standard.</td>
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<tr>
<td><strong>2.12 Physical facilities and amenities (Full details are provided in the Accreditation Standards Guidelines.)</strong></td>
<td>Briefing note on the facilities, current implementation and outline of intentions relevant to the</td>
<td></td>
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<tr>
<td>- The health service provides a physical environment</td>
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<td>Criteria</td>
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<td>and amenities that support the well-being of prevocational trainees including:</td>
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</table>

### 2.12.1 Security in physical amenities
- Each health care facility provides a safe and comfortable working environment for all prevocational doctors.

### 2.12.2 Provision of physical space for consuming meals, relaxation and communication
- Each health care facility provides a doctors common room, or equivalent, available 24 hours per day (or when doctors are rostered on duty) that provides a private area where prevocational doctors can go to rest, eat, and informally meet, debrief and obtain peer support from other doctors.

### 2.12.3 On-call and rest area amenities
- Each health care facility provides a physical space that is quiet and separate from patients and relatives and provides a bed for rest or sleep.

### 2.12.3 Provision of nutrition during and after ordinary working hours
- Each health care facility provides access to nutrition on a 24-hour basis.

### 2.13 Learning and workspace facilities (Full details are provided in the Accreditation Standards Guidelines.)
- The health service provides a physical environment and amenities that support the well-being of prevocational doctors including:

#### 2.13.1 Communication facilities during and after ordinary working hours
- Each health care facility will provide services that facilitate communication during and after ordinary working hours for use of medical officers.

#### 2.13.2 Workspace in clinical environment
- Each health care facility provides a physical space that

- Accreditation criteria.
- Presentation (verbal) with (hard) copies of the site plans for review and discussion.
- Letter of intent to include details of relevant facilities and services in prevocational trainee orientation.
- Site visit.

### 2.13 Learning and workspace facilities (Full details are provided in the Accreditation Standards Guidelines.)

<table>
<thead>
<tr>
<th>Evidence applicable for whole criteria group</th>
<th>PEHS</th>
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<th>PHS</th>
<th>Term/Rotation</th>
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</table>
### Criteria
promotes productivity and communication in the clinical environment.

#### 2.13.3 Learning facilities
- Each health care facility provides attending prevocational doctors with learning facilities in a quiet environment.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence applicable for whole criteria group</th>
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<th>PHS</th>
<th>Term/Rotation</th>
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<tbody>
<tr>
<td>orientation.</td>
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<tr>
<td>Site visit.</td>
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</table>

### Criteria
3. Unit/Department/Practice Prevocational Training

#### 3.1 Term orientation
- The Unit/Department/Practice provides orientation to all prevocational doctors at or immediately before, the commencement of each term. Orientation to the term should include written and verbal briefings on (but not limited to):
  - key contact people, including the nominated term supervisor
  - their roles and responsibilities
  - their timetable including education and clinical activities
  - learning objectives for the term against the Australian Curriculum Framework for Junior Doctors
  - assessment, appraisal and evaluation mechanisms
  - physical facilities, including evacuation points
  - use of and access to information technology and resources
  - relevant policies and procedures and access instructions.

<table>
<thead>
<tr>
<th>Evidence applicable for whole criteria group</th>
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<th>PPHS</th>
<th>PHS</th>
<th>Term/Rotation</th>
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<tr>
<td>Previous accreditation reports for already accredited sites and terms which will transition or reconfigure.</td>
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<td>Clinical Service Plan/s or other plans outlining scope of clinical activities e.g. no. of beds, outpatient clinic / theatre intentions..</td>
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<td>Current/Forecast activity data for services requiring prevocational accreditation.</td>
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<td>Staff FTE build – No.s of Consultants, Registrars, Resident Medical Officers and Interns by Term pre and post-transition.</td>
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<td>Staff FTE build – Postgraduate Medical Education team pre and post-transition.</td>
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<tr>
<td>Organisational structure outline.</td>
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<td>Letter/s of Intent.</td>
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<td>Briefing Note on current vocational accreditation and any plans/progress towards further vocational accreditation.</td>
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<td>Copies of policies, memoranda of understanding etc relevant to the accreditation criteria.</td>
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<td>Letter of intent to review Hospital and Unit Orientation processes prior to transition</td>
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<td>Confirmation of orientation documentation and provision to</td>
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<td>Criteria</td>
<td>Evidence applicable for whole criteria group</td>
<td>PEHS</td>
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<td><strong>3.2 Educational opportunities</strong>&lt;br&gt;• The Unit/Department/Practice provides:&lt;br&gt;  • valuable bedside teaching and other informal education opportunities which reflect the Australian Curriculum Framework for Junior Doctors as part of all rotations&lt;br&gt;  • balanced clinical opportunities for prevocational training&lt;br&gt;  • identification of the relevant global outcome statements and the skills and procedures that can be achieved in that rotation, along with the nature and range of clinical experience available to meet these objectives.</td>
<td>PMCWA prior to transition of services&lt;br&gt;☐ A copy of the current educational timetable and other regular educational activities.&lt;br&gt;☐ A letter of intent signed by DPGME and Executive representative outlining educational activities post-transition.&lt;br&gt;☐ Confirmation of educational timetable prior to transition of services.&lt;br&gt;☐ Letter of intent to review Unit Term Description prior to transition&lt;br&gt;☐ Confirmation of Term Description and provision to PMCWA prior to transition of services.&lt;br&gt;☐ Letter of intent to ensure all supervisors post-transition will be adequately trained and aware of feedback and assessment mechanisms prior to the transition.&lt;br&gt;☐ Confirmation prior to transition of services that Supervisors are identified, trained in feedback and assessment and are aware of supervisor support and feedback mechanisms.&lt;br&gt;☐ Internal term evaluations post-transition to monitor implementation of supervisor training and roles.&lt;br&gt;☐ Documentation of current and planned feedback mechanisms for prevocational doctors and relevant policy documents.&lt;br&gt;☐ Copy of relevant policy and documents for the performance management process.&lt;br&gt;☐ Copy of policy and lists of reasonable procedures for which a prevocational doctor would be expected to obtain consent and to not obtain consent.&lt;br&gt;☐ Copy of DOHWA procedure specific information sheets accessible to prevocational doctors within the Unit/Department/Practice.&lt;br&gt;☐ Copy of orientation paperwork that includes a list of procedures and information about access to procedure specific information sheets for procedures that the prevocational doctor may be asked to seek consent.</td>
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<td><strong>3.3 Term supervisors</strong>&lt;br&gt;• Each Unit/Department/Practice has a term supervisor, who is responsible for ensuring the adequacy and effectiveness of education and training for the prevocational doctor.</td>
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<td><strong>3.4 Supervision</strong>&lt;br&gt;• The Unit/Department/Practice ensures that prevocational doctors are supervised as appropriate to their needs (predetermined by the health service setting, type of term, experience and skill level of the prevocational trainee). In health services where a registrar or equivalent is not employed, attending medical officers must be available at short notice (see Appendix I: Policy: Supervision of Prevocational Doctors).</td>
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<td><strong>3.5 Supporting prevocational doctors taking responsibility</strong>&lt;br&gt;• The Unit/Department/Practice encourages prevocational doctors to assume responsibility commensurate with their own ability, skills and</td>
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<tr>
<td>Criteria</td>
<td>Evidence applicable for whole criteria group</td>
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| **3.6 Appraisal mechanism**                                             | • The Unit/Department/Practice has a system for ongoing feedback between supervisors and prevocational doctors, including feedback on strengths, areas for improvement and strategies for meeting identified objectives.  
• Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance. | ☑  |     |     | √  |               |
| **3.7 Assessment mechanism**                                            | • The Unit/Department/Practice has a system for the regular formal assessment of prevocational doctors, which involves input from consultants, registrars, nursing staff and other health professionals, as appropriate.  
• The intern training program documents the assessment of the intern's performance in a process consistent with the Medical Board of Australia and Australian Medical Council requirements as articulated in the registration standard and national internship framework. |     |     |     | √  |               |
| **3.8 Prevocational doctors are informed of the assessment and appraisal processes** | • The term supervisor clearly explains the criteria, process and timing of the assessment and appraisal processes to prevocational doctors. |     |     |     | √  |               |
| **3.9 Achievement below expected level**                                | • Supervisors understand and appropriately implement systems in place for the identification of prevocational doctors who are achieving below expected level. Prevocational doctors are aware of performance management processes and systems. |     |     |     | √  |               |
### Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evidence applicable for whole criteria group</th>
<th>PEHS</th>
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<th>Term/ Rotation</th>
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<tr>
<td><strong>3.10 Obtaining consent to treatment by prevocational doctors</strong></td>
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<td>- The Unit/Department/Practice that employs prevocational doctors has a policy in place that outlines those procedures that a prevocational doctor would be expected to be comfortable enough to obtain consent; would not be expected to obtain consent and those which may vary depending on the individual patient and the experience of the prevocational doctor.</td>
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<td>- The Unit/Department/Practice should have procedure specific information sheets as per the Department of Health, Western Australia (DOHWA) website that can be used by the prevocational doctor to gain an understanding of the procedure.</td>
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<td>- The Unit/Department/Practice has a list of procedures applicable to the unit with information about access to procedure specific information sheets for procedures that the prevocational doctor may be asked to obtain consent. These are provided to the prevocational doctor by the term supervisor as part of the orientation to the Unit/Department/Practice.</td>
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<tr>
<td><strong>3.11 Sufficient case numbers and case mix to provide adequate learning opportunities</strong></td>
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<tr>
<td>- The Unit/Department/Practice provides sufficient patient numbers and casemix to provide adequate patient exposure and clinical opportunities for prevocational doctors, to obtain and practice the skills outlined by the Australian Curriculum Framework for Junior Doctors</td>
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**VERSION CONTROL**

- Endorsed by: PMCWA Accreditation & Standards Committee
- Effective Date: 01/11/2014
- Review Date: 01/11/2017
- Primary Contact: Program Officer, PMCWA
GLOSSARY OF TERMS

Accreditation

The status awarded or not awarded to a health service or term which has been assessed for compliance against the relevant accreditation criteria and standards. All accreditation is subject to PMCWA being informed of any change that significantly alters the training capacity of the accredited health service or term.

Accreditation and Standards Committee

The Accreditation and Standards Committee (the Committee) is responsible to the Postgraduate Medical Council of Western Australia (PMCWA) for the establishment and monitoring of standards for prevocational doctor positions with the emphasis on the first two postgraduate years. The Committee is accountable to the PMCWA for the development of standards and accreditation of training positions and institutions. The Committee will report to the PMCWA on its strategies and performance indicators at meetings of the Council.

Accreditation Not Awarded

The accreditation awarded when a health service or term has been assessed as not having met sufficient accreditation criteria to receive accreditation. Failure to provide adequate supervision and education to ensure safe patient care will result in immediate loss of accreditation. PMCWA will make recommendations for changes to be implemented before another survey can be conducted and accreditation considered.

Where a position is assessed as Accreditation Not Awarded or has not been assessed for accreditation:

- **An Intern must not occupy this position.**
- **A Resident employed by the Department of Health can only be placed in this position for a maximum of four weeks in a 52 week contract (pro-rata for short contracts).**
- **A Resident employed by a private hospital must be made aware that it is not an accredited training position.**

Accredited to Employ

The suitability of the term for prevocational doctors in their first prevocational year of clinical practice and/or the second and subsequent years of prevocational clinical practice.

Associated Health Site

The name of a hospital, health service or practice which is also a part of the rotation. This identifies terms which rotate 1 or more prevocational doctors between positions at multiple sites for example a Prevocational General Practice Placement which is 0.5 FTE within the practice and 0.5 FTE within a hospital department such as emergency, paediatrics or surgery.
Clinical Teaching
Teaching centred on the management of individual patients, at the bedside, in operating theatres and in clinics, usually conducted one to one or in small groups.

Conflict of Interest
When a person in a position of trust which requires them to exercise judgement on behalf of others (PMCWA) and also has interests or obligations of the sort that might interfere with the exercise of their judgement, and which the person is morally required to either avoid or openly acknowledge.

Consent to Treatment
Consent is a patient’s agreement for a health practitioner to provide treatment. Treatment includes any medical or surgical management, care, therapy, test or procedure.

Consultant
A medical practitioner, who holds the appropriate higher qualification of a university or college, recognised by the Australian Medical Council.

Credentialing
The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners and Department of Health, WA employees. Performed for the purpose of reviewing surveyor competency, performance and professional suitability to undertake accreditation surveys to ensure safe and high quality supervision, education and training within health services.

Director of Clinical Training or of Postgraduate Medical Education
A medical practitioner appointed by an employing authority or placement health service to be responsible for the overall supervision of prevocational training within that authority or centre and to support and advocate effectively for prevocational doctors.

Education Program
That component of the Prevocational Training Program, which is specifically concerned with education, including didactic and clinical teaching. Developments include a “Train the Trainers” program for “Teaching on the Run”, and skills teaching using advanced simulation techniques.

Employing or placement Authority
A health service, or other training organisation.

Ethics
A code of professional standards, containing aspects of fairness and duty to the profession and the general public.
Executive and Medical Administration

The officers or team responsible for executive and administrative elements of the health service processes. The executive team includes the director of medical/clinical services. The medical administration may include those staff responsible for human resources e.g. rosters and leave.

Full Accreditation

The accreditation awarded when a health service or term has been assessed as compliant with all current accreditation criteria and without conditions upon the accreditation status. Accreditation is awarded for a prevocational doctor of a stated level for the defined period of time and may include recommendations for further improvement.

Job Description

An explanation of duties and responsibilities for a particular term.

Health Service

The hospital, health service or practice at which the prevocational doctor is employed or placed.

Health Service or WAGPET Report

A report on compliance with accreditation criteria and responding to a previous accreditation report or request from the Accreditation and Standards Committee. The report is completed by the Director of Clinical Training or Director of Postgraduate Medical Education for the Committee, typically according to a template approved by the Committee which provides information in a direct and efficient manner. Directors of Clinical Services and other officers may only prepare health service reports if specifically requested to do so by the Committee.

Lead Surveyor

 Appropriately credentialed medical practitioner who has been authorised by the Accreditation and Standards Committee as a lead surveyor. Except where an exception is made by the Committee to reflect a surveyor’s extensive experience, a lead surveyor shall have completed a minimum of 6 surveys including Primary Employing Health Service (PEHS) and placement health service surveys in both the private and public sector.

Material Risk

“A risk is material if, in the circumstance of a particular case, a reasonable person in the patient’s position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be more likely to attach significance to it. This duty is subject to the therapeutic privilege.” (Rogers v Whittaker [1992])
Medical Training Review Panel (MTRP)

A panel with national representation of bodies involved in the employment and training of doctors. Set up in conjunction with the 1996 provider number legislation, MTRP provides a national perspective in respect to training, workforce planning and evolving concepts in prevocational doctor training.

Medical Education Calculator

The appropriate educational support staff to prevocational doctor ratio required for health services which employ or place prevocational trainees from PGY1 to PGY4.

Medical Education Officer

A non-clinical officer responsible for coordination of the prevocational training program within a health service. The MEO works with the director of clinical training and/or postgraduate medical education and other administrative support staff to ensure the smooth function of the prevocational training program. MEOs are a primary point of contact and often undertake the coordination of accreditation preparation at a site level.

National Internship Framework

The standards and guidelines developed by the Australian Medical Council against which internship accrediting bodies are assessed and themselves accredited. The framework includes standards for intern training programs which must be included in the standards of internship accrediting bodies.

Network

A group of hospitals, comprising one or more Primary Employing Health Service(s) and a number of placement health services and other (community and rural) training positions, with a common prevocational doctor rotation.

Orientation

The process of imparting essential service and training information to prevocational doctors at the beginning of a placement and of each term in the placement. This must also include the enunciation of mutually agreeable learning objectives for each term.

Other Training Position

An accredited and appropriately supervised position in a non-hospital setting. This may include terms in general practice, palliative care, geriatric and psychiatric domiciliary care, Aboriginal health services and public health areas. These terms are generally available to PGY2/PGY3+.

Postgraduate Medical Education Unit (PGMEU)

The name most commonly used to identify the team responsible for the management of medical education and administration of the prevocational medical education program within a health service. The PGMEU should at minimum meet the staffing requirements of the medical education calculator.
Postgraduate Year one (PGY1) or Intern

Medical practitioner employed in their first postgraduate year of training after medical school graduation, prior to full registration by the Medical Board of Australia (also known as Intern).

Postgraduate Year two/three/four/plus (PGY2/3/4+) or Resident

Medical practitioner employed in their second/third/fourth or subsequent postgraduate year of clinical practice after graduation from medical school.

Preliminary Accreditation

The protocol by which accreditation can efficiently be assessed and awarded for new positions within currently accredited health services with currently accredited positions.

Pre-Accreditation

Pre-accreditation is the assessment and accreditation of a term, health service or position not previously accredited by PMCWA which occurs prior to appointment of a prevocational doctor to. A pre-accreditation survey includes all the elements of an accreditation survey as far as this is possible.

Prevocational Doctor or Trainee (PVT)

A medical practitioner in their early postgraduate years of clinical practice (PGY1/2/3/4+) who has not yet entered a vocational training program.

Prevocational General Practice Placement Program (PGPPP)

The Prevocational General Practice Placements Program (PGPPP) is a prevocational training program funded by the Commonwealth through which a PGY2+ doctor undertakes one or more terms within a general practice. The aim of the program is enhancement of prevocational doctor understanding of primary health care and promotion of general practice as a career.

Prevocational Training Committee (PTC) (or equivalent)

The committee responsible for the development, implementation, monitoring and evaluation of the Prevocational Training Program. These are established by the Primary Employing, Primary and Placement Health Services, and include representatives of postgraduate medical education unit, supervisors, resident medical officers, interns, medical administration and all placement health services (PEHS only).

Prevocational Training Program (PTP) (or equivalent)

The program covering all aspects of the organisation, training, education, supervision and assessment of doctors in their prevocational years.
Primary Employing Health Service (PEHS)

A health service that is accredited by PMCWA as a primary employer of prevocational doctors and involved in the prevocational training program (PTP). A PEHS is able to provide Postgraduate Year 1 doctors (interns) with the experience necessary to meet the requirements of the Medical Board of Australia within its network.

All health services may directly employ Postgraduate year 2 and above doctors (residents) for all 5 terms. Interns may only be directly employed by an accredited PEHS.

The PEHS may rotate prevocational doctors to other accredited health services (Primary Placement and/or Placement Health Services) in its network for up to but no more than four of five of the prevocational doctor’s terms in a year.

Primary Placement Health Service (PPHS)

A health service within a defined network which receives prevocational doctors for three to four of the prevocational doctor’s five terms in a year.

All health services may directly employ Postgraduate year 2 and above doctors (residents) for all 5 terms.

Subject to approval from the Accreditation and Standards Committee, a Primary Placement Health Service may rotate PGY2+ doctors to other accredited health services (Primary Placement and/or Placement Health Services (PPHS and PHS)) within a prevocational training network.

A PPHS rotating PGY2+ doctors to other accredited health services has equivalent obligations and accreditation requirements as a PEHS, except for criteria specific to PGY1 doctors e.g. accreditation criterion 1.1.

Placement Health Service (PHS)

A health service within a defined network, which receives prevocational doctors from a Primary Employing Health Service (PEHS) or accredited PGY2+ rotating Primary Placement Health Service (PPHS) for one to two of the five of the prevocational doctor’s terms in a year.

Provisional Accreditation

The accreditation awarded when a health service or term has been assessed as compliant with some current accreditation criteria and is subject to the provision of evidence (such as further surveys or reports) that criteria identified as unmet at the time of survey have subsequently been addressed and are now met.

Two sub-levels of Provisional Accreditation exist; Provisional Accreditation (subject to surveys and reports meeting accreditation criteria) and Provisional Accreditation (accreditation to be withdrawn unless listed conditions are met). These two levels reflect the difference between situations where progress is not yet completed towards meeting accreditation criteria but planning is in place to ensure that this occurs and situations where serious concerns have been identified that must be addressed to ensure continuing accreditation.
Provisional Accreditation (subject to surveys and reports meeting accreditation criteria)

The accreditation awarded when a health service or term has been assessed as compliant with some accreditation criteria and accredited to employ a prevocational doctor of a stated level for the defined period of time provided planned improvements outlined to PMCWA are implemented and reporting requirements are met.

The surveyors’ report and letter of accreditation may also include suggestions for further improvement but accreditation is not dependent upon these being implemented.

Provisional Accreditation (subject to surveys and reports meeting criteria.) is intended to be used for rotations which are:

- newly accredited but otherwise meet all the accreditation criteria
- rural or remote and have provisional accreditation conditional upon the implementation of a presented plan to address structural issues

or

- aware of deficiencies and have a plan which they have presented to PMCWA that includes reportable milestones and deadlines for improvement.

Provisional Accreditation (Accreditation to be withdrawn unless listed conditions are met)

The accreditation awarded when a health service or term has been assessed as compliant with some accreditation criteria and accredited to employ a prevocational doctor of a stated level for the defined period of time. The accreditation is conditional on changes required by PMCWA being implemented and reporting requirements met. If the changes are not implemented successfully and/or reporting requirements are not met, accreditation and the prevocational doctor position will be withdrawn.

The surveyors’ report and letter of accreditation may also include suggestions for further improvement but accreditation is not dependent upon these being implemented.

Registrar

A registered medical practitioner employed as a Registrar.

Run

A term used in some situations to describe a collection of attachments through which a prevocational doctor rotates over a training year.

Support Surveyor

An individual who has been trained to perform an accreditation survey.

Survey Team

The group of two or more surveyors assigned to undertake an accreditation review on the behalf of and reporting to the Accreditation and Standards Committee.
Surveyors’ Report

A report completed by a surveyor or survey team for the Accreditation and Standards Committee, typically completed according to a template approved by the Committee which provides information in a direct and efficient manner. Surveyors’ reports include:

- term and health service names
- whether the term is ‘split’ with another
- date of the most recent review by PMCWA surveyors
- current accreditation level awarded
- current accredited suitability for prevocational doctors for example PGY1 and/or PGY2+
- current number of accredited posts
- length of accreditation awarded
- term classification and provision of PGY1 core (mandatory) experience
- organisation responsible and method for the next action
- conditions and recommendations.

Term / Rotation

A term is a defined period of employment in a Unit/Department/Practice or during which employment time is shared between two or more Units/Departments/Practices. The word may also be used to denote the position itself, in which a prevocational doctor is accredited to be employed for a definite period, which over the course of any given year, may be occupied by a succession of prevocational doctors in rotation. A term may be split across multiple Unit/Departments and/or Health Sites.

Term / Rotation Classification

The classification name awarded to a term which indicates the experience obtainable within the term. The classification names are defined according to the definitions and instructions provided in the Medical Board of Australia registration standard for Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training and the Australian Medical Council National Internship Framework Intern training - Guidelines for Terms.

Term Description

For the purposes of the accreditation program, term description denotes an outline of goals for the term and the educational opportunities available to prevocational doctors during that term.
Term Evaluation

A survey completed by each prevocational doctor at the completion of a term to provide feedback on aspects such as education, orientation, supervision and assessment. Health care facilities are encouraged to routinely use term evaluation forms. Forms completed within the past 12 months are requested as evidence for accreditation of the Unit/Department/Practice.

Term Objective

The clinical and non-clinical skills to be or able to be obtained during a term as provided to the prevocational doctor at the commencement of the term during orientation.

Term Supervisor

An appropriately trained medical practitioner who is responsible for the supervision and education of prevocational doctors allocated to the term. The term supervisor may delegate their duties to another consultant or registrar.

Term supervisors have a crucial role in the education and supervision of prevocational doctors. They are responsible to the Prevocational Training Committee.

Trainee Surveyor

An individual who is being trained and assessed to become a surveyor.

Treatment

Treatment includes any medical or surgical management, care, therapy, test or procedure.

Tripartite WAGPET Report

A report completed by a survey team including a PMCWA lead surveyor and a WAGPET lead surveyor. The report is completed on an agreed template and includes compliance with mapped PMCWA, RACGP and ACRRM standards. It is considered to be equivalent to a PMCWA surveyors’ report for the purposes of assessing accreditation.

Type 1 (PEHS and Prevocational Training Network) Survey

A review of a PEHS, PPHS or PHS to accredit each health service against the section 1 criteria relevant to its role within a Primary Employing Health Service’s prevocational training network.

A PEHS Survey:

- ensures compliance with criteria [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 2 (Health Service) Survey

A review of a single health service including a site visit to assess compliance with the accreditation criteria in section 2.

Type 3 (Term) Survey

A review of a term to assess compliance with the accreditation criteria in section 3.

Unit

An operational team (which may be an entire department) based in a hospital with at least one consultant, and one or more junior medical staff.

Verification

Relates to the process of citing, reviewing, inspecting and authenticating documents supplied by a potential surveyor to establish that the supplied documents, qualifications and references meet PMCWA surveyor standards and requirements.

WA General Practice Education and Training (WAGPET)

WAGPET is the sole provider delivering the Prevocational General Practice Placement Program (PGPPP) in WA. WAGPET accredits prevocational and vocational training positions against the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) standards.

WAGPET is an independent company established by a consortium of Western Australian organisations with an interest in general practice education and training. Funded by the Commonwealth Department of Health and Ageing, WAGPET is the sole provider of the Australian General Practice Training Program for GP Registrars in Western Australia and one of 17 Regional Training Providers (RTPs) in Australia appointed by the national training coordinator, General Practice Education and Training (GPET).