



Postgraduate Medical Council
of Western Australia

Council Charter

1. Purpose of the Charter

The Council Charter sets out the functions and processes of the Postgraduate Medical Council of Western Australia's (PMCWA) Full Council (Council).

2. The Council's Strategy

- Our Purpose: We support and advocate for doctors of today for quality healthcare tomorrow.
- Our Vision: Well supported doctors providing excellent healthcare meeting community needs in a dynamic environment.
- Our scope: PMCWA supports the journey and wellbeing of JMOs in WA through leadership and governance, accreditation, education and career transition and support.

3. Establishment and Accountability

PMCWA was founded in 2003 to facilitate the training and education of prevocational doctors and to accredit and monitor junior doctor positions to ensure national standards and requirements for prevocational (PGY1 and 2) training programs and terms are met. PMCWA was formally established as a Ministerial Council on 4 May 2015 and is accountable to the Minister for Health via the Director General.

In fulfilling the role of Council, PMCWA operates consistently with the strategic objectives of the WA Department of Health and does not adversely affect the interests of the Government of WA.

4. Council Conduct

The conduct of the Council is governed by PMCWA's Code of Conduct.

5. Functions of Council

In accordance with the Memorandum of Understanding between the State of Western Australia acting through the Minister for Health c/-Director General of Health and the Postgraduate Medical Council of WA (effective from July 2015) the functions of Council are to:

- Provide a leadership role in prevocational medical education and training in WA.
- Provide expert advice to the Minister for Health and the WA Department of Health on prevocational medical education and training, accreditation of medical training positions and prevocational medical workforce issues.
- Identify, evaluate, monitor and promote medical education and training programs, and resources for prevocational medical officers and other non-vocational doctors in collaboration with relevant stakeholders.
- Undertake the accreditation and monitoring of medical prevocational training positions, the medical training/units and facilities that support prevocational training positions to ensure they meet national and State standards.
- Notify the Medical Board of WA of the Council's recommendations for accredited postgraduate year 1 (PGY1) training positions.
- Establish and maintain linkages to promote communication with education providers ranging from medical undergraduate to vocational training and continuing medical education, to foster greater sharing of expertise, information and a continuum of learning.
- Establish, maintain and promote partnerships with the Medical Board of Australia, other state/territory Postgraduate Councils, the Confederation of Postgraduate Medical Education Councils, the Medical Training Review Panel, the Australian

Medical Council, a WA Junior Medical Officer (JMO) forum and other relevant organisations/ associations/committees.

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

6. Recruitment and appointment of members

In making appointments to Council, consideration is given to ensure appointees have an appropriate balance of skills, qualifications and experience as appropriate to the functions of Council.

The Minister for Health will approve all new members and be advised of any changes to the constitution of membership by way of a formal Cabinet Submission forwarded with each change. It is the responsibility of the Executive Officer, PMCWA to prepare the Cabinet Submissions and to renew existing or name new members as the requirement arises.

6.1 Chair

The recruitment and recommendation of appointment of the Chair is undertaken by the Department of Health and aligned with the Public Sector Standards and the WA Health System – Medical Practitioners – AMA Industrial Agreement. The name of the recommended Chair appointee is forwarded to the Minister for Health for endorsement and if approved is confirmed by Cabinet minute. The Chair is employed by the Department of Health for five years. This position cannot be held by the Chair of the Accreditation committee.

The term of office of the Chair of the Council will be five consecutive years, however the Council may elect to reappoint the Chair for a period or periods more than five consecutive years, to a maximum of 12 consecutive years.

6.2 Deputy Chair

The Deputy Chair will be appointed by the Chair from the pool of current Council members. The term of office of the Deputy Chair will be four consecutive years, however the Council may elect to reappoint the Chair for a period or periods more than four consecutive years, to a maximum of 12 consecutive years. This position cannot be held by the Chair of the Accreditation committee.

6.3 General Members

Recruitment of new members occurs when a vacancy arises. At which time suggestions for nominations will be sought from current Council members and if appropriate from other key stakeholders, to be considered by the Executive Committee. The Executive Committee will consider nominations and put forward the most suitable applicant that has the appropriate balance of skills, qualifications and experience to represent the functions of the Council.

The Council will consist of 14 general members with the Chair may remove and replace as required. The Chair must ensure that members individually meet at least one of the following criteria and as a group cover all of the following criteria:

1. Chief Medical Officer, Department of Health, WA
2. A member with knowledge and experience in rural health and rural medical workforce issues and an understanding of Aboriginal and Torres Strait Islander health.
3. A member with an understanding of surgical training and its link with prevocational training.
4. A member with an understanding of physician training and its link with prevocational training.
5. A member with an understanding of general practice training and its link with prevocational training.
6. A member with experience in medical administration and an understanding of prevocational medical trainees in public health service delivery.
7. A member with an understanding of the role of prevocational medical trainees within the context of a privately run health service
8. Representative of Medical School Deans
9. Representative of the Registration Committee, Western Australian State Committee of the Medical Board of Australia
10. Representative of Director of Postgraduate Medical Education
11. Representative of AMA(WA) Doctors in Training Committee
12. Representative of PMCWA JMO Forum
13. Representative of the community
14. Representative of PMCWA Accreditation Surveyors

The term of office of a member of the Council will be four consecutive years, however, if the Chair is satisfied that it is in the best interests of PMCWA a member of the Council may hold office for a period or periods more than four consecutive years, to a maximum of 12 consecutive years.

Any member absent for more than three consecutive meetings without prior written permission of Chair of Council will relinquish office.

6.4 Ex-Officio Members

The following ex-officio members are also in attendance

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

6.5 Subject matter experts

The Council may invite persons other than members to any meetings of the Council, but such persons will not be entitled to vote and are not members of the Council. At least 24 hours' notice must be given to each member invited to attend the meeting. In addition, experts may be called upon to assist in carrying out the functions of the Council outside the actual meetings.

6.6 Membership review

Council will undergo a four yearly membership review. Any gaps in skill mix will be identified and new appointments made as required.

7. Responsibilities of the Chair

The Chair will:

- Convene and conduct meetings in conjunction with the Secretariat.
- Build an effective Council with the necessary skills, knowledge and experience.
- Lead meetings efficiently and effectively, encouraging member participation and seeking consensus when making decisions.
- Lead by example in demonstrating behaviours desired from Board members, including professionalism, punctuality, respect and integrity.
- Shape the meeting agenda in relation to goals, strategies, budget and performance.
- Motivate Council members and where appropriate, manage underperformance.
- Manage risk and report concerns to the Minister for Health when appropriate.

8. Responsibilities of Members

Members will:

- Work within the purpose, functions and responsibilities of the Council.
- Follow the lead of the Chair and be aware of the expectations regarding Council matters and conduct.
- Work constructively and cooperatively with the Chair and Council members.
- Inform the Chair if there are any changes in private interests, including changes in personal circumstances that may affect a members' role on the board (e.g. criminal conviction).
- Undertake a Council induction, provided by the Secretariat, when newly appointed.
- Nominate an appropriate proxy when required via the required Proxy Form (Attachment 1) and brief the proxy on the Council's roles and responsibilities and the requirements of the proxy (e.g. decision making).

9. Responsibilities of the Secretariat

The Secretariat will:

- Be a PMCWA nominated officer.
- Compile and distribute meeting agendas and any relevant agenda items 10 working days prior to the meeting.
- Prepare a record of each meeting outlining all items endorsed, noted and/or any other actions, and distribute this within 10 working days.
- Maintain all relevant papers including correspondence. These files are the property of PMCWA and must be preserved in accordance with the *State Records Act 2000* and the *Freedom of Information Act 1992*.
- Circulate ratified minutes to Council members.
- Provide Council induction for new members and permanent proxies.
- Undertake other coordination functions as required, which may include research or other follow-up investigations arising from meetings.

10. Conduct of meetings

10.1 Appointment of proxy

If a member is unable to attend, a proxy must be appointed by the member to exercise all or any of the members' rights to attend, speak and vote at a Council meeting.

To appoint a proxy, a proxy form (Attachment 1) must be:

- (a) completed and signed
- (b) sent by email or delivered to the Executive Officer, PMCWA
- (c) received by PMCWA no later than 48 hours before the time of the meeting.

10.2 Meeting frequency

Council meets at a minimum twice per year; however meetings may occur more frequently if determined by the Chair to be necessary to fulfil the mandate of the Council.

Members will have at least 10 working days' notice of a meeting. Notice includes a written copy of the agenda and a copy of the previous Council meeting's minutes.

10.3 Extraordinary meetings

From time to time it may be necessary for Council to convene between scheduled bi-annual meetings. This may be at the request of members, or of the Chair.

If a non-scheduled meeting is requested by members, a request stating the reason must be forwarded to the Chair. Notice of such meetings must be given 10 days in advance of the meeting date.

10.4 Out of session business

Circumstances where it may be appropriate to handle matters out-of-session include where:

- the item of business is urgent and must be considered before the next scheduled meeting; and
- to enable business to be progressed when face-to-face meetings are not possible.

A resolution in writing, signed or assented to in writing by at least half of the number of members of the Council including the Chair, has the same effect as if it had been passed at a meeting of the Council. Out of session matters must be minuted at the next meeting.

10.5 Quorum

A quorum comprises seven members. No recommendations may be agreed unless a quorum is present at the time of discussion.

10.6 Voting at meetings

Council members should work towards a consensus decision on any matter that is before the Council. Where a decision is put to a vote, decisions shall be decided by the majority. At any meeting, all interim members who are present and have not declared a conflict of interest are entitled to vote on any decision submitted.

Where a member is expected to be absent from a meeting, or if she or he is ill or incapacitated, that person may inform the Chair in writing on how he or she wishes to vote on a particular item that may be before the Council for decision. Proxies who have been nominated and authorised voting rights by members are entitled to vote.

Each member's vote, including the Chair's, shall have the same weighting. In the case of an equal number of votes, the Chair shall have a casting vote in addition to their deliberative (i.e. normal) vote as a Council member.

10.7 Standing items

Items listed below are core to each agenda

- Members present
- Apologies
- Declaration of conflict of interest
- Ratification of minutes of previous meeting
- Action items from last meeting
- Progress against strategic plan

- Presentation of PMCWA budget for the previous half year
- Risk summary
- General business
- Date and location of next meeting

10.8 Presiding at Council meetings

The Chair, or in the Chair's absence the Deputy Chair, shall preside as Chair at each Council meeting. If neither of these is present, the members may elect a Chair for the meeting.

10.9 Adjournment of meetings

The Chair may adjourn the meetings if required.

If the meeting is adjourned notice of at least 10 business days prior to the rescheduled meeting date must be provided.

10.10 Recording of proceedings

Minutes of all meetings of Council will be ratified at the following meeting and signed by the Chair as a true and accurate record of proceedings. The Secretariat will ensure actions arising are monitored and completed and a report of the action status is available for each Council meeting.

Council shall keep a Key Decisions Register and it is the responsibility of the Council Secretariat to maintain and circulate this register in a timely manner to all Council members and to the Minister for Health and Director General when requested.

The Secretariat shall maintain all files corresponding to the Council. These files are the property of PMCWA and must be preserved in accordance with the *State Records Act 2000* and the *Freedom of Information Act 1992*.

11. Reports

The Council will submit an Annual Report against PMCWA's Operational Plan to the Director General and to Parliament. The report will document the Council's activities and achievements.

Other reports will be provided as requested.

12. Committees and Subcommittees of the Council

The work of PMCWA is supported by a number of committees. Attachment 2 describes the reporting relationships of PMCWA committees. The committees are as follows.

- Executive Committee
- Accreditation and Standards Committee
- Education Committee
- JMO Forum
- Doctors' Welfare Interest Group
- Medical Education Officer (MEO) Network
- Medical Education Registrar (MER) Network

The Council may dissolve a Committee established by the Council if the Council is of the opinion that the Committee is no longer relevant or required. The Council may establish subcommittees as required, or may create committees for specific purposes.

Subcommittees shall meet as frequently as is necessary to fulfil the mandate of the Council. PMCWA Secretariat provides support to all Subcommittees.

The functions of all subcommittees are supported by individual committee Terms of Reference with clear delegations documented.

13. PMCWA policies

All members of Council will comply with PMCWA policies and where appropriate, WA Department of Health Policies.

14. Risk management

PMCWA's approach to risk management will be aligned to the Department of Health's Risk Management Framework and is outlined in the PMCWA Risk Management Guidelines.

15. Confidentiality

The Chair and members may receive information that is regarded as 'commercial in-confidence', clinically confidential or have privacy implications. The Chair and members must be aware of their responsibility to maintain confidentiality in respect of all confidential and sensitive information. They must not use information about the WA health system or other information obtained in the course of their duties for any personal, commercial or political gain for themselves or others, or to the detriment of others, or in any manner that would be contrary to law.

Chairs and members are required to:

- maintain confidentiality and not divulge information deemed confidential or sensitive, other than as required by law or where proper authorisation is given
- not make improper use of information obtained in the course of their duties or use for direct or indirect personal or commercial gain, or to do harm to other people or entities. For example disclosing the contents of any official papers to unauthorised persons
- respect the privacy of individuals and the security of personal information;
- protect intellectual property
- raise concerns of improper communications or use of information through the appropriate channel(s)
- adhere to applicable legal requirements, policies and all other lawful directives regarding communication with Parliament, Ministers, ministerial staff, lobbyists, the media and members of the public.

The Chair and members are required to sign confidentiality agreements.

The Council Secretariat will register all confidentiality agreements signed and agreed by the Chair and members.

16. Declaration of conflicts of interest

The Chair and members are required to declare their interests to the Council Secretariat, who will record the details on an appropriate register.

16.1 Annual declaration of interests

The Chair and members are required to declare interests or positions they hold currently and have held in the past up to the last three years, either paid or unpaid, the name of the organisation or association, the role undertaken and the period of engagement on an annual basis.

The Council Secretariat shall establish and maintain a consolidated register of all members' declarations of interests.

The Chair shall table the consolidated register of all members' declarations of interests at the first scheduled meeting of the calendar year.

A declaration of an interest may also be a conflict of interest. Should this arise, the member shall declare a conflict of interest.

16.2 Updates to declaration of interests

A member is to notify the Secretariat should their interests or positions they hold change since their last annual declaration of interests.

17. Accountable and Ethical Decision Making

The Chair and members are required to undertake Accountable and Ethical Decision Making training, in line with the Public Sector Commissioner's Instruction No. 8 - Codes of Conduct and Integrity Training.

Attachment one
POSTGRADUATE MEDICAL COUNCIL of WA
PROXY FORM

I hereby authorise _____ to serve as my proxy
(Name/Affiliation)

and to vote on my behalf at the _____ meeting
(Specify meeting)

to be held on _____ .
(Date)

This proxy is valid for:

All Matters voted on at the Meeting

Specific Issue/Matter (please explain)

The proxy form should be forwarded by the proxy holder to the Chair of PMCWA prior to the applicable meeting or action.

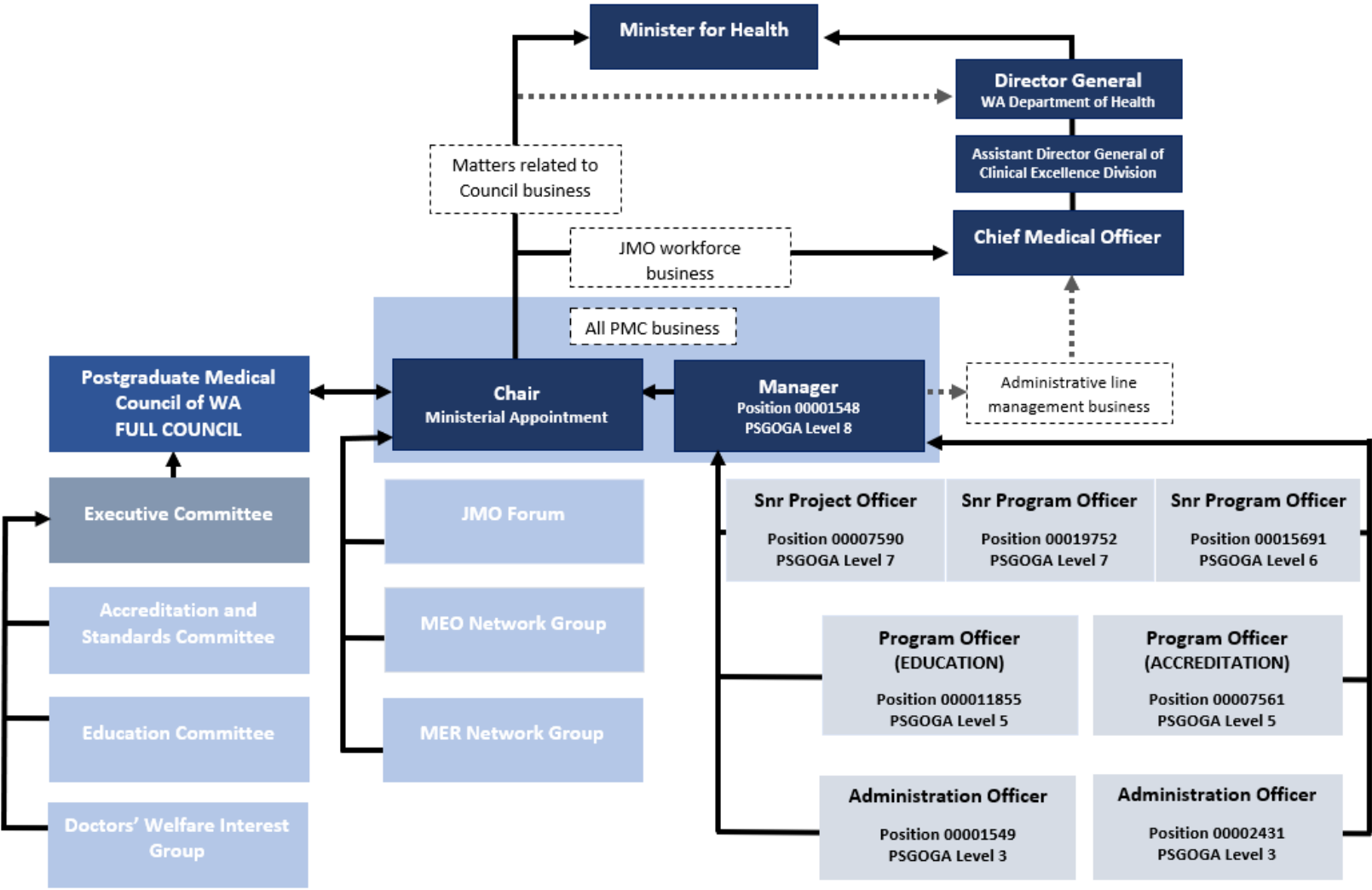
Name

Signature

Date

ATTACHMENT TWO

PMCWA Reporting and Delegation Relationships



Version Control

Endorsed by	PMCWA Council
Effective date	17 March 2023
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Custodian	Executive Officer, PMCWA