# Governance

### Domain

The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

### Attributes

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

1.2 The intern training accreditation authority’s governance and management structures give appropriate priority to the accreditation of intern training programs relative to other activities.

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

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

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

1.6 The intern training accreditation authority’s governance arrangements provide for input from stakeholders including input from the health services, intern supervisors, and junior doctors.

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

The Northern Territory Postgraduate Medical Council (NTPMC) was established in 1998. Council membership included the Principal Medical Consultant of the NT, Medical Superintendents of the five NT hospitals, representation from the NT Medical Board, the NT Postgraduate Medical Society, NT General Practice Education, Directors of Clinical Training, Medical Workforce, the NT Clinical School and the Resident Medical Officer Society.

In 2006 the NTPMC fell into abeyance until July 2008 following the NT Review of Medical Education and Training in 2007.

A new Chair was appointed by the NT Minister for Health when the NTPMC was re-established in July 2008. From 2008 until 2015 NTPMC continued to administer and provide intern accreditation services to the two NT training hospitals for the Internship year.

In February 2015, the Department of Health formed the Medical Education and Training Centre to facilitate and coordinate medical education and training, support Health Services with the policy and process for prevocational recruitment, lead and support workforce planning to achieve sustainable workforce in the NT and be a point of jurisdictional coordination in relation to medical staff matters (across the whole medical training and practice continuum). It was determined that the function of prevocational accreditation that originated with the NTPMC should sit in this area as it related to and could inform other prevocational medical matters. The NT Health Minister approved this change in 2015. Appendix A

Appendix A

NOT AVAILABLE

The Medical Education and Training Centre are subject to the NT government’s legislation regarding governance, operation rules and standards. This includes the NT Financial Management Act and Regulations for all financial operations.

*1.2 The intern training accreditation authority’s governance and management structures give appropriate priority to the accreditation of intern training programs relative to other activities.*

**NT Medical Education & Training Centre**

The METC has developed a Governance document that outlines all of the Committees and Panels that the METC has as part of its governance structure and management model. The METC’s functions include:

* Overseeing the coordination of recruitment, medical education and training, including the formalization and establishment of the Rural Medical Generalist pathway in the NT;
* The establishment of consistent policy and process development and implementation of medical education and training and recruitment;
* Working with stakeholders to promote best practice in medical education and training and recruitment throughout the NT for all medical staff; and
* Establishing and maintaining appropriate and consistent pastoral care for medical staff particularly trainees.

The governing committee of METC is the METC Management Committee. Its membership is comprised of

* Director METC
* Executive Officer METC
* Project officer/s METC
* Administrative Coordinator METC

In the case of any identified appeals or grievances regarding METC processes or systems the Management Committee as part of managing the identified issue, will seek advice from the Medical Advisory Committee membership which is made up of stakeholders from NT Health services, NT Chief Medical Officer DoH, NT Primary Health organisations, independent education and training providers including universities as well as where required interstate representatives.

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

Management of the functions of the METC is undertaken by the Executive Officer and the Director. METC Management Committee meets monthly formally and oversights the human resource and financial management of the accrediting authority.

The role and responsibilities of the senior officers of the METC Management Committee are

**Director METC**

**Role**

The Director of the Medical Education and Training Centre will lead and oversee coordination of medical recruitment, education and training, and accreditation, with a priority focus on prevocational medical training positions and programs, prevocational medical workforce issues and establishment of Rural Medical Generalist program.

#### Key Responsibilities

1. Lead the NT Medical Education and Training Centre to oversee the accreditation system for the education, training and supervision of prevocational junior doctors in the NT, including evaluating the system.
2. Work with educational bodies to provide advice and leadership on the delivery of high quality medical education and training in the NT.
3. Oversee the coordination of prevocational medical recruitment application process in the NT.
4. Develop and maintain effective professional relationships with the Medical Board of Australia (MBA) and the NT Board of the MBA, contractors, funding bodies, other key stakeholders and represent the METC positively to stakeholders.
5. Develop and lead strategic planning in conjunction with key partners, for the METC and ensure the preparation and execution of the corresponding Business Plan for the METC.

**Executive Officer METC**

#### Role

#### Manage the business and affairs of the Medical Education and Training Centre (METC) of the Northern Territory are responsible for planning and implementing policy for the operation of the METC.

#### Key Responsibilities

1. Liaise with the Director of METC to ensure appropriate functioning of the organisation.
2. Manage the METC office and staff.
3. Participate in the development of long term strategic and annual operating plans.
4. Lead the development and maintenance of information systems to meet METC requirements.
5. Work collaboratively and maintain effective partnerships with key stakeholders (internal and external).
6. Manage the NT Prevocational Accreditation System.
7. Act as a principal source of advice and guidance for all prevocational accreditation issues.
8. Manage reports for prevocational accreditation proposals to the NT Board of the Medical Board of Australia (PGY1) and Department of Health (PGY2).
9. Promote and implement continuous improvement across all systems and processes within the operations and functions of METC

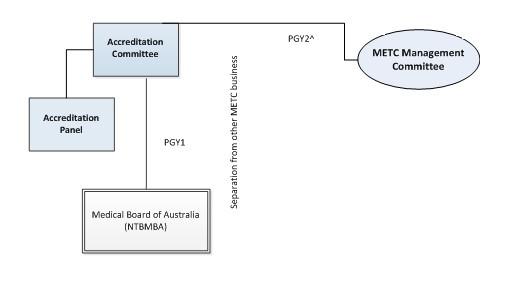
*1.4 The intern training accreditation authority’s accounts meet relevant Australian accounting and financial reporting standards.*

The Executive Officer/Accreditation Manager is the cost centre manager for both the general METC budget and Accreditation budget. The Executive Officer reports to the Director outside of the Management Committee meetings in regards to the financial management of the accrediting authority. There has been no indication from NT Department of Health that there will be any resourcing issues affecting the accreditation service in the foreseeable future.

All financial and accounting practices within the METC follow the NT Financial Management Act and Regulations for all financial operations.

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

It was determined that the function of prevocational accreditation should sit within the METC business unit as it related to and could inform other prevocational medical matters. To maintain the governance and management of the accreditation service as independent with no undue influence or interference from DoH as the primary funding body of prevocational accreditation, or from any other area of the community, including government, health services, or professional associations. It is situated within the METC however operates the Intern accreditation service independent of the METC reporting lines.



**Table 1 – Prevocational Accreditation reporting lines**

**Prevocational Accreditation Committee (PAC)**

The role of the Accreditation Committee will reflect the direction and needs of the Medical Board of Australia in relation to registration requirements for PGY1 doctors in the Northern Territory. A further role is to advocate for prevocational doctors and IMG’s education and training opportunities through the implementation of accreditation standards.

Its functions are:

1. To advise the NT Board of MBA and training health services on the health services requirements for intern training.
2. To establish, implement, manage, monitor, evaluate and review an objective, robust and transparent system to accredit all intern and all prevocational doctors’ placements
3. To maintain NT accreditation services to meet the Australian Medical Council (AMC) Accreditation Authority National Standards and reporting requirements to ensure METC maintains its NT accreditation authority status.

The terms of reference, membership and meeting frequency for this committee can be found in Appendix B below

Appendix B



**Prevocational Accreditation Committee Reporting Lines**

The Chair of the Accreditation Committee will provide a report to the METC Management Committee via the Accreditation Manager/Executive Officer on any operational accreditation system matters. Please note that the Accreditation Committee makes their decisions about accrediting programs independently with no undue influence from the other areas of METC.

The Accreditation Committee will liaise and consult with other METC committees where necessary to achieve optimal education and training outcomes for interns and prevocational doctors.

# Prevocational Accreditation Panel (PAP)

The Accreditation Panel is established to consider accreditation survey team findings and endorse/not endorse survey team report recommendations, including the recommended period of accreditation that should be granted (max 4yrs).

The functions of the Accreditation Panel are to consider accreditation survey reports and:

1. Refer all accreditation appeals and/or grievances including any conflicts of interest regarding surveyors engaged to undertake the survey event to the Accreditation Committee.
2. Provide final accreditation advice and recommendations to the Accreditation Committee in relation to accreditation of postgraduate year 1 training positions and programs.
3. Provide final accreditation advice and recommendations to the Accreditation Committee in relation to accreditation of postgraduate year 2 training positions and programs.
4. Provide advice to the Accreditation Committee of any areas for improvement regarding the NT Prevocational Accreditation System, standards, policies or processes.

The terms of reference, membership and meeting frequency for this committee can be found in Appendix B attached above.

**Prevocational Accreditation Panel Reporting Lines**

The Accreditation Panel Chair will provide a written briefing to the Accreditation Committee after each panel meeting has been held. This briefing is to provide final accreditation advice and recommendations to the Accreditation Committee in relation to the accreditation of either or both postgraduate years training positions and programs. The Accreditation Panel makes their decisions about endorsing/not endorsing the survey team’s recommendations regarding accrediting positions and programs independently to the Prevocational Accreditation Committee with no undue influence or interference from DoH as the primary funding body of Accreditation, or from any other area of the community, including government, health services, or professional associations.

As we have only been established as the METC since February 2015 and we are implementing the new structure and governance model no reviews have been undertaken in this domain.

METC is currently implementing a continuous improvement process to assist the business unit to maintain our effectiveness in regards to our systems, processes and professionalism. This will be particularly maintained in the Prevocational Accreditation functions of the METC. Find attached ‘Continuous Improvement Record’ template Appendix C, the Continuous Improvement Policy, and Procedure at Appendix D and E. There is also a Continuous Improvement Record Register that is maintained and reported on at each METC Management Committee meeting. The Executive Officer and Administrative Coordinator of METC are responsible for the upkeep and management of this process.

Appendix C Appendix D Appendix E

Another system that METC has in place to maintain the business unit’s governance, competence and professionalism is the METC document review system. METC has a Document Review register that covers all documents developed and maintained by METC. This register is maintained and monitored by the Administrative Coordinator in partnership with each document owner and committee with the responsibility to review and evaluate each document.

Within the Prevocational Accreditation System a policy and procedure has been developed for any Prevocational Accreditation decision appeals please see Appendix F and G.

Appendix F Appendix G

*1.6 The intern training accreditation authority’s governance arrangements provide for input from stakeholders including input from the health services, intern supervisors, and junior doctors.*

**METC Committees and Panels Membership**

METC Committees and panels have a cross section of our stakeholders where they have input into the governance of the METC. This includes the Prevocational Accreditation Panel and Committee. Being a small jurisdiction the pool of representatives in each stakeholder group is limited. Please see below the stakeholder representation on each METC committee and/or panel

**Medical Advisory Committee**

Director METC

Chief Medical Officer DoH NT

Executive Directors of Medical Services from both NT Health Services

Chief Executive NT General Practice Education (RTO)

Regional Directors of NT DoH Remote Health

Chief Executive NT Primary Health Network

Associate Dean Flinders University (NT Campus – NTMP)

Junior Medical Officer (JMO Forum Chair)

Currently we do not have a consumer/community representative (who does not work for the DoH) as there is no established health consumer representative group in the NT to disseminate, provide advice and participate on our committees or panels. This is something that the DoH is currently working on through a Stakeholder Engagement Framework that is in the process of being implemented across the NT. METC and previously NTPMC have worked diligently to include all stakeholders in the accreditation decision making processes to ensure all stakeholders have a voice and can participate in the processes used to make good policy and deliver on programs and services.

**METC Management Committee**

Director

Executive Officer/Accreditation Manager

Project Officer/s

Administrative Coordinator

**Medical Training Committee (still to be established)**

Director METC

Medical Educator NT General Practice Education (RTO)

Directors of Clinical Training/Medical Education Officers from both NT Health Services

Junior Medical Officer Representative

NT Specialist College representatives

Executive Officer METC

**Medical Intern Allocation Panel**

Director METC

NT Health Service representatives (x2)

Director HR NT DoH (or delegate)

Junior Medical Officer Representative

**Independent Prevocational Accreditation Committee and Panel**

**Committee (PAC)**

Independent Chair

Top End Health Service Representative

Central Australia Health Service Representative

NT General Practice Education (RTO) Representative

Junior Medical Officer Representative

Chair of Prevocational Accreditation Panel

Accreditation Manager METC

**Panel (PAP)**

Clinical Director Remote Health DoH (Chair)

NT Health Service representatives (different to Committee and may change for each meeting)

NT General Practice Education (RTO) Representative

Experienced Surveyor (may change from meeting to meeting)

Accreditation Manager METC

**Other relevant strengths and challenges in relation to the governance of METC**

Being a smaller jurisdiction it does at times allow METC to make changes quicker than some of the larger jurisdictions as it affects a smaller overall number of health services e.g. the upcoming changes outlined in the recent round of AMC consultation regarding the draft revisions to domains for assessing accreditation authorities and national standards for intern training programs. These changes when finalised after national consultation will be more quickly reviewed and disseminated through the Prevocational Accreditation Committee (PAC) as a result of our number of health services (2) and stakeholders to inform. The revisions when confirmed will be added to all relevant components within the NT Prevocational Accreditation System (standards, policy and process documents). These changes will be recorded in the Accreditation Document review schedule where applicable. This schedule can be found at Appendix T (Domain 3).

However being smaller can sometimes mean fewer resources particularly in the staffing aspect at both the METC and health services to be able to implement, evaluate and record the changes. Having less access to large resources is a challenge that is indicative of the NT and is part of the daily management of METC.

Another challenge that the METC daily manages is the conflict of interest that many of our stakeholders face through being involved in METC functions.

How METC manages conflict of interests for medical staff involved in METC committees, panels and survey events is seen by the METC Management Committee as one of our strengths. As we are a small jurisdiction the management of conflicts of interest across health administration in the NT is frequently practiced and tested. METCs membership is passionate and committed about medical education, training and its accreditation processes which can cause an overlap in their varied roles and responsibilities. As a result of these perceived and real interests being in conflict with the decision making process they are involved in they are judicious in raising them in a timely manner for external determination as to it being real or not. Any perceived or real conflicts of Interests and their outcomes are recorded in meeting and accreditation survey process documents.

AMC request for further information from 2015 NT METC Progress Report:

* *“Please clarify the reporting line for the Advisory Council and the work plan for accreditation of PGY2+ positions”*

The attached (Appendix B pg. 4 of Domain 1) Medical Education and Training Centre (METC) Governance document outlines the structure and reporting lines for all of the committees and panels that come under METC. (Table 2 METC Committee and Panel Reporting lines)

**Table 2 – METC Committees and Panel reporting lines**

The Medical Advisory Committee membership is made up of stakeholder groups across the NT with a particular role and interest in the functions of the Medical Advisory Committee. In line with current and future strategic priorities of the NT the committee may request and invite other local and national stakeholders including consumers to join the Committee.

The Medical Advisory Committee will report and give advice to the METC Medical Management Committee. The Management Committee sets the strategic directions of METC, oversights and manages the operations of the METC.

The work plan for expanding the accreditation service in the Northern Territory to include postgraduate year 2 and above junior doctors is attached below.

Appendix H

NOT AVAILABLE