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| **Northern Territory****Medical Education & Training****Centre (METC)****Submission to the****Australian Medical Council** |
| July 2016 |
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**Provider details**

Contact details

**Name:** Northern Territory Medical Education and Training Centre (METC)

**Generic Email address**: METC.DoH@nt.gov.au

**Street Address:** Shop 5/6 Ground Floor, Casuarina Plaza, Casuarina NT 0811

**Postal Address:** PO BOX 40596, Casuarina NT 0811

**METC Director:** Associate Professor Malcolm Johnston-Leek

**Telephone Number:** (08) 899 92832

**Email:** Malcolm.Johnston-Leek@nt.gov.au

**Officer to contact concerning this submission:**

**METC Executive Officer:** Shirley Bergin

**Telephone number:** (08) 899 92834

**Email:** Shirley.bergin@nt.gov.au

**Region/State/Territory in which intern training accreditation activities are carried out**:

Northern Territory

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**Background**

For the Northern Territory Department of Health (DoH) the previous two years has seen a number of significant changes in the new service framework infrastructure and governance of the department. This has included but not been limited to the transition to three distinct entities each with separate reporting lines and delegations. The Top End Health Service (TEHS) and the Central Australia Health Service (CAHS), along with the Department of Health (System Manager), now provide a high level “stewardship” for the delivery of health services and the fashioning of the future. Legislated Health Service Boards, responsible ultimately to the Minister, now preside over the Chief Operating Officers and integrated Primary and Acute Services.

The NT is a region of vast dimension and diversity that covers approximately 18% of Australia’s landmass. Despite being the third largest of all states and territories in Australia in terms of area, the NT has the smallest population and lowest population density of all jurisdictions. The majority of the Territory population lives in areas that are classified by the Accessibility/Remoteness index of Australia as outer regional. These include major urban centres such as Darwin, Alice Springs, Katherine, Nhulunbuy, Litchfield Shire and Tennant Creek. There are currently no areas in the NT classified as either a major metropolitan or inner regional area. The remainder of the population lives in areas that are classified as remote or very remote. The most remote communities in the NT are hundreds of kilometers from the nearest regional centre, have no access to public transport and lack basic infrastructure.

Together the Department, TEHS and CAHS strive to provide a sustainable health system that delivers better health outcomes and access to care in the face of:

* The unique challenges created by the NT’s geographical barriers combined with social and economic disadvantage found in remote and very remote communities
* Continuing pressure from the rising demands and expectations of a growing and ageing population
* The increasing prevalence of chronic and lifestyle related diseases
* The emergence of new and innovative health care technologies that bring better treatment but escalate the costs of care.

**Major Hospitals and Services – Intern Training Facilities**

**Royal Darwin Hospital (RDH)**

RDH operates with 371 beds and provides a broad range of services in all specialty areas to the Greater Darwin population as well as servicing as the referral centre to the Top End of the NT, Western Australia and South East Asia. RDH is currently the only public hospital facility providing health care services to the population of Darwin and is also the location of Australia’s National Critical Care and Trauma Response Centre. This results in primary and secondary catchments that are reliant on RDH to provide health care services.

In addition to a range of medical, surgical, maternal, paediatric and emergency services, the hospital offers comprehensive diagnostic radiology and pathology facilities to support the delivery of inpatient and non-admitted clinical services.

RDH is the largest teaching hospital in the NT and is affiliated with Flinders University of South Australia and the University of Sydney in New South Wales. The RDH also has links with Charles Darwin University and participates in research projects in a variety of fields with Menzies School of Health Research.

RDH has currently 33 accredited Intern places.

**Alice Springs Hospital (ASH)**

ASH has emergency and outpatient departments and a 183 bed capacity. Services offered at ASH include general medicine, rehabilitation medicine, palliative care, nephrology, emergency medicine, anesthesia, intensive care, surgery (including ophthalmology, orthopedics and ear, nose and throat), psychiatry, pediatrics, obstetrics and gynecology. It is responsible for renal dialysis for the area and it is a teaching hospital with a strong focus on Aboriginal health and infectious diseases.

ASH has currently 22 accredited Intern places.

*Parts of above are referenced from the 2014-15 Department of Health Annual Report*

**NT Accrediting Authority**

**Medical Education and Training Centre (METC)**

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. It was determined that the function of prevocational accreditation that originated with the Northern Territory Postgraduate Medical Council (NTPMC) should sit in this area as it related to and could inform other prevocational medical matters.

METC as the transitional accrediting authority for the northern territory has the strengths and faces the challenges that are mentioned throughout the submission under each of the assessment domains. The METC is still new and its establishment along with the NTPMC being subsumed into its organizational structure is evolving and still being developed. The human resources of the METC are small and have only grown by one (Project Officer) during the transition from NTPMC to METC. The METC project officer is not involved in the accreditation aspect of the METC and is currently working on undergraduate medical education and training, the starting point of the medical training continuum.

The function delegated to the NTPMC by the MBA has continued strongly and maintained its robust and fair processes during these changes. The independence and transparency of the accreditation system has always been a priority throughout the establishment of the METC to ensure no undue influence or interference has or will occur during any past, present or future Intern survey events that are undertaken in the Northern Territory.

Electronic Appendix list attached as a separate document due to size (embedded objects). Hard copy placed in this section.

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