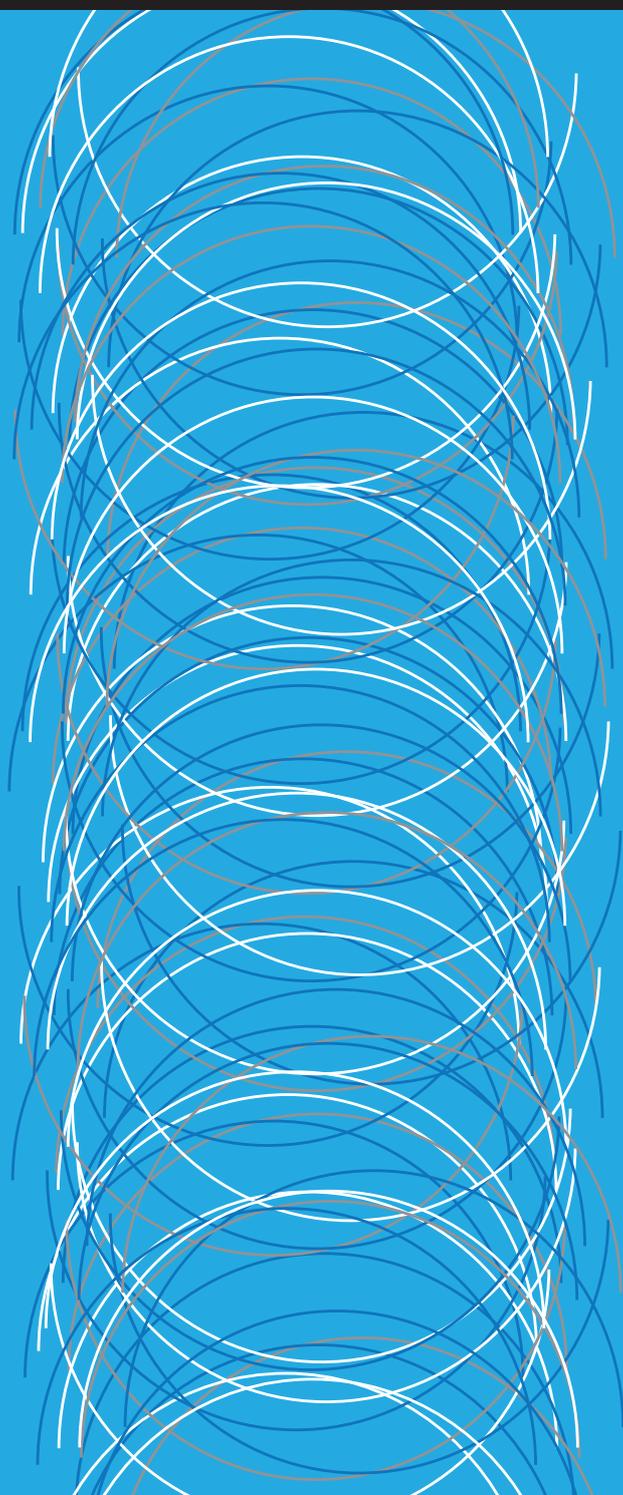


Australian Medical Council Limited

Accreditation Report:
Northern Territory Medical Education and
Training Centre

AMC



Prevocational Standards Accreditation Committee
May 2017

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Executive summary

This report records the findings of the Australian Medical Council (AMC) assessment of the Northern Territory Medical Education and Training Centre (NT METC), the intern training accreditation authority for the Northern Territory.

In September 2016, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2015*. The AMC team assessed the intern training accreditation activities of the authority against the requirements of the document, *Intern training – Domains for assessing accreditation authorities, 2015*.

The AMC Prevocational Standards Accreditation Committee considered the team's report in April 2017 and submitted their report to the May 2017 meeting of AMC Directors.

Decision on accreditation

The AMC Directors' finding is that the Northern Territory Medical Education and Training Centre substantially meets the domains for assessing intern training accreditation authorities.

The May 2017 meeting of AMC Directors resolved:

- (i) That the Northern Territory Medical Education and Training Centre be accredited as an intern training accreditation authority for five years, to 31 March 2021, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:

By March 2017:

- Provide an update on the progress made in the development and implementation of NT METC's governance structures. (Attribute 1.1)

By June 2017:

- Determine which governing body has overall responsibility for the strategic oversight, risk management and quality improvement within the organisation and how this links to the accreditation function. (Attribute 1.1)
- Define the roles, responsibilities, membership and selection and appointment process for the Health Advisory Council. Provide evidence of the establishment of the Council. (Attribute 1.5)

In the 2017 progress report:

- Demonstrate that NT METC continues to give priority to intern training accreditation with the planned expansion of its roles and changes to governance structures through:
 - Once the plans for PGY2 accreditation are established, provide plans to manage and resource the total accreditation workload. (Attribute 1.2)
 - Resources to support delivery of this function at a level that meets the accreditation domains, including staffing and stakeholder engagement. (Attribute 1.2)
- In establishing the Health Advisory Council, define the selection and appointment process giving consideration to the transparency of the process. (Attribute 1.5)
- As the Prevocational Accreditation Committee and Panel are new, keep the AMC informed of the processes for monitoring and evaluation of their terms of reference

and membership. This should include consideration of the processes for selection and appointments to committees and panels. (Attribute 1.5)

- Establish the link between the NT METC governance structures and the JMOs through the JMO Forum. (Attribute 1.6)
- Update the AMC on plans for succession planning and enhancing resource requirements including the proposal to recruit an Accreditation Coordinator, in light of the proposed expansion of NT METC's functions. (Attribute 3.1)
- Further development of risk management strategies including a functioning risk register. (Attribute 3.2)
- Develop mechanisms to ensure the governing body has strategic oversight and mechanisms for monitoring risk (Attribute 3.2).
- During implementation of NT METCs new structures and expansion of responsibilities, keep the AMC informed through progress reports of policies and procedures being developed and/or implemented and of the NT METC's process for evaluating the success of these activities. (Attribute 4.4)
- Formalise and document processes for out of session decision making by NT METC committees. (Attribute 4.8)
- Clarify the role of the NT Medical Board with respect to NT METC finalising and approving accreditation decisions. (Attribute 4.8)
- Develop and apply clear procedures on the communication of outcomes of accreditation to stakeholders, particularly the distribution of reports to junior medical officers. (Attribute 4.9)
- Review the appeals policy in relation to the transition of the Medical Advisory Committee to the Health Advisory Council. (Attribute 4.9)
- Enhance NT METC's engagement with stakeholders including finalising the communication strategy. (Attribute 5.1)
- Define the role of the Health Advisory Council in stakeholder engagement. (Attribute 5.2)
- Improve the engagement of junior medical officers, specifically interns, in the accreditation processes, governance structures and decision making. There needs to be a mechanism established for junior doctors to raise their concerns and engage with the accreditation committees and the organisation more broadly. (Attribute 5.1)
- Develop mechanisms to engage health consumer/community in NT METC's accreditation functions and consultation about standards and accreditation processes. (Attribute 5.1)

In the 2018 progress report:

- Report on the implementation and evaluation of the communication strategy. (Attribute 5.2)
- Keep the AMC informed through progress reports of policies and procedures being developed and/or implemented and of the NT METC's process for evaluating the success of these activities. (Attribute 4.4)

The accreditation relates to the NT METC's work as the intern training accreditation authority for the Northern Territory.

In 2020, before this period of accreditation ends, the AMC will seek a comprehensive report from NT METC. The report should address the requirements of the *Intern training – Domains for*

assessing accreditation authorities and outline NT METC’s development plans for the next three years. The AMC will consider this report and, if it decides NT METC is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of three years (to March 2024), taking accreditation to the full period which the AMC will grant between assessments, eight years. Before this extension ends, an AMC team will conduct a reaccreditation assessment.

Overview of findings

The key findings of the 2016 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

The left column of the Table includes commendations and recommendations for improvement. Recommendations for improvement are suggestions not conditions.

The right column summarises the finding for each domain and lists any accreditation conditions. The AMC imposes conditions where requirements are ‘not met’ or ‘substantially met’ to ensure that the intern training accreditation authority satisfies the domain in a reasonable timeframe. The AMC requires accreditation authorities to provide evidence of actions taken to address the condition and to meet the domain in the specified timeframe.

In the 12 months prior to the AMC visit, the Northern Territory Medical Education and Training Centre had been through a period of significant change. While an extensive amount of work has been undertaken some of the planned structures and processes are still in development or transition. The implementation and evaluation of these structures and processes will be areas for continued reporting to the AMC, noting that any proposed major changes should be notified to the AMC.

Domain with commendations and recommendations for improvement	Findings and conditions
<p>Domain 1 – Governance</p>	<p>Substantially met</p> <p>1.5 <i>Selection of governing body</i> is not met.</p> <p>1.6 <i>Stakeholder input into governance</i> is substantially met</p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • Intern training accreditation is a clearly identified priority for the organisation. (1.2) • There is a clear commitment from and engagement with the Department of Health. (1.3) • Broad stakeholder representation in governance structures. (1.5) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Monitor risks associated with the proposed expansion of NT METC’s functions in relation to business stability and resourcing. (1.3) 	<p><i>Conditions</i></p> <p>By March 2017:</p> <ul style="list-style-type: none"> • Provide an update on the progress made in the development and implementation of NT METC’s governance structures. (1.1) <p>By June 2017:</p> <ul style="list-style-type: none"> • Determine which governing body has overall responsibility for the strategic oversight, risk management and quality improvement within the organisation and how this links to the accreditation function. (1.1) • Define the roles, responsibilities, membership and selection and appointment process for the Health

Domain with commendations and recommendations for improvement	Findings and conditions
	<p>Advisory Council. Provide evidence of the establishment of the Council. (1.5)</p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> • Demonstrate that NT METC continues to give priority to intern training accreditation with the planned expansion of its roles and changes to governance structures through: <ul style="list-style-type: none"> ◦ Once the plans for PGY2 accreditation are established, provide plans to manage and resource the total accreditation workload. (1.2) ◦ Resources to support delivery of this function at a level that meets the accreditation domains, including staffing and stakeholder engagement. (1.2) • In establishing the Health Advisory Council, define the selection and appointment process giving consideration to the transparency of the process. (1.5) • As the Prevocational Accreditation Committee and Panel are new, keep the AMC informed of the processes for monitoring and evaluation of their terms of reference and membership. This should include consideration of the processes for selection and appointments to committees and panels. (1.5) • Establish the link between the NT METC governance structures and the JMOs through the JMO Forum. (1.6)
Domain 2 - Independence	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • Processes to support the independence of intern training accreditation and related decision making. (2.1) • The comprehensive processes for identifying and managing conflicts of interest. (2.2) 	

Domain with commendations and recommendations for improvement	Findings and conditions
<p>Domain 3 - Operational management</p>	<p>Substantially met</p> <p>3.2 <i>Quality improvement and risk management</i> is substantially met</p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • NT METC is conducting its functions, including accreditation activities, within its current resources. (3.1) • The dedication and work of the accreditation staff, throughout a period of significant change. (3.1) • The comprehensive mechanisms for identifying and tracking improvements to its accreditation processes. (3.3) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Develop the evaluation of NT METC intern accreditation processes at a strategic level, through both the Prevocational Accreditation Committee and proposed Health Advisory Council. (3.3) 	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> • Update the AMC on plans for succession planning and enhancing resource requirements including the proposal to recruit an Accreditation Coordinator, in light of the proposed expansion of NT METC's functions. (3.1) • Further development of risk management strategies including a functioning risk register. (3.2) • Develop mechanisms to ensure the governing body has strategic oversight and mechanisms for monitoring risk (3.2).
<p>Domain 4 - Accreditation processes</p>	<p>Met</p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • The comprehensive and user-friendly website. (4.1) • Clear and comprehensive processes for managing conflicts of interest in a small jurisdiction where many individuals hold multiple roles. (4.3) • The commitment to and evidence of quality improvements to intern training as a result of the accreditation processes. (4.5) • Accreditation processes and requirements were well documented and understood by the majority of stakeholders. (4.4) • The levels of decision making through the Prevocational Accreditation Committee and Accreditation Panel adding to the rigour in independence of decision making. (4.8) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Consider the routine inclusion of interstate surveyors on full reaccreditation assessments. 	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> • During implementation of NT METCs new structures and expansion of responsibilities, keep the AMC informed through progress reports of policies and procedures being developed and/or implemented and of the NT METC's process for evaluating the success of these activities. (4.4) • Formalise and document processes for out of session decision making by NT METC committees. (4.8) • Clarify the role of the NT Medical Board with respect to NT METC finalising and approving accreditation decisions. (4.8) • Develop and apply clear procedures on the communication of outcomes of accreditation to stakeholders, particularly the distribution of reports to JMOs. (4.9) • Review the appeals policy in relation to the transition of the Medical Advisory

Domain with commendations and recommendations for improvement	Findings and conditions
<p>(4.3)</p> <ul style="list-style-type: none"> Review and work with health services on their reporting requirements, to ensure efficient and effective reporting mechanisms are in place. (4.6) Continue to develop and evaluate the surveyor pool, including consideration of interstate surveyors and specific refresher training for existing surveyors. (4.2) Evaluation of accreditation processes should include monitoring of the distribution of accreditation outcomes to ensure they are received by all relevant stakeholders, including to JMOs. (4.9) 	<p>Committee to the Health Advisory Council. (4.9)</p> <p>In the 2018 progress report:</p> <ul style="list-style-type: none"> Keep the AMC informed through progress reports of policies and procedures being developed and/or implemented and of the NT METC's process for evaluating the success of these activities. (4.4)
<p>Domain 5 - Stakeholder collaboration</p>	<p>Met</p> <p>5.1 <i>Engagement with stakeholders</i> is substantially met</p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> NT METC's collaboration with other intern training accreditation authorities. NT METC is encouraged to continue collaborating in the future. (5.3) NT METC's vision to engage with undergraduate and vocational education providers in the territory. (5.1) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> Continue and finalise the development of systematic processes for engaging more broadly with stakeholders. (5.1) 	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> Enhance NT METC's engagement with stakeholders including finalising the communication strategy. (5.1) Define the role of the Health Advisory Council in stakeholder engagement. (5.2) Improve the engagement of junior medical officers, specifically interns, in the accreditation processes, governance structures and decision making. There needs to be a mechanism established for junior doctors to raise their concerns and engage with the accreditation committees and the organisation more broadly. (5.1) Develop mechanisms to engage health consumer/community in NT METC's accreditation functions and consultation about standards and accreditation processes. (5.1) <p>In the 2018 progress report:</p> <ul style="list-style-type: none"> Report on the implementation and evaluation of the communication strategy. (5.2)

Introduction

AMC and intern training accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

It assesses intern training accreditation authorities under a registration function of the National Law. The Medical Board's approved registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training defines the mix of rotations that interns must complete and also states that 'All terms must be accredited against approved accreditation standards for intern training positions by an authority approved by the Board'.

The AMC has been contracted by Australian Health Practitioner Regulation Agency (on behalf of the Board) to review and accredit authorities that accredit intern training programs in each state and territory.

The AMC assessments focus on intern training accreditation and do not address other functions performed by these organisations. The AMC assesses the intern training accreditation authorities' processes and standards against a quality framework, *Intern training – Domains for assessing accreditation authorities*. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

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

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

Term assessment form	A nationally available term assessment form designed to facilitate assessment against the intern outcome statements.
Intern outcome statements	States the broad and significant outcomes that interns should achieve by the end of their programs.

In 2015, the AMC and the Medical Board of Australia agreed to minor changes to the *Intern training – Domains for assessing accreditation authorities* to clarify the requirements of the current standards and domains. The revised domain and attribute statements are used in report.

The AMC's Prevocational Standards Accreditation Committee oversees the assessment and accreditation of intern training accreditation authorities, and reports to AMC Directors.

For each accreditation assessment, the Prevocational Standards Accreditation Committee appoints an expert team. The intern training accreditation authority's accreditation submission, which addresses the *Intern Training: Domains for Assessing Authorities*, forms the basis of the assessment. Following a review of the submission, the team discusses the submission with staff and committees of the intern training accreditation authority and meets stakeholder representatives. The team may also observe some of the authority's usual intern training accreditation activities. Following these discussions, the team prepares a detailed report for the Prevocational Standards Accreditation Committee, providing opportunities for the authority to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, to AMC Directors. The Directors make the final accreditation decision. The granting of accreditation may be subject to conditions.

Once accredited by the AMC, all intern training accreditation authorities are required to report annually to the Prevocational Standards Accreditation Committee against the domains and any conditions on their accreditation.

AMC assessment of the Northern Territory Medical Education and Training Centre (NT METC)

The Northern Territory Medical Education and Training Centre (NT METC) was formed by the Northern Territory Department of Health in 2015 to conduct intern training accreditation, facilitate and support recruitment, education and training of prevocational medical staff in the Northern Territory and provide support across NT Health in relation to medical workforce matters.

The authority previously existed as the Northern Territory Postgraduate Medical Council (NTPMC) which was established in 1998.

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

NTPMC submitted its report to the AMC for initial accreditation in 2013. On advice from the Prevocational Standards Accreditation Committee, the December 2013 meeting of AMC Directors agreed that it was reasonably satisfied that NTPMC met the domains for assessing accreditation authorities. Directors granted initial accreditation to the NTPMC as the intern training accreditation authority for the Northern Territory, with accreditation to continue until an AMC team completed an assessment of the intern training accreditation services.

The Medical Board of Australia approved NTPMC as an intern training accreditation authority, with this approval to continue until the Board makes a subsequent decision on the basis of an accreditation report from the AMC.

In 2015 the NTPMC advised the AMC it was changing to the Northern Territory Medical Education and Training Centre, with an expanded scope of responsibilities and a new structure. The AMC agreed that the changes, as described, appeared appropriate, and likely to strengthen the accreditation authority's capacity. The AMC found that the changes in role and structure of the NT METC constituted major changes but that NT METC continued to meet the requirements of *Intern Training - Domains for assessing accreditation authorities* and agreed to continue accreditation subject to satisfactory progress reports. The AMC identified a number of areas for follow up in the 2016 accreditation assessment. The AMC advised the Medical Board of the changes at this time.

This accreditation report details the 2016 assessment of NT METC against the requirements of *Intern training - Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted NT METC regarding the commencement of the assessment process in June 2015. There were regular discussions between AMC and NT METC staff to plan the assessment.
- NT METC developed an accreditation submission, addressing the domains in the *Intern training - Domains for assessing accreditation authorities* and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after NT METC had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 1.
- The AMC invited stakeholder bodies to comment on NT METC's accreditation submission. To assist this process, NT METC placed its submission on its website.
- The team met on 25 July 2016 to consider NT METC's submission and to plan the review.
- A subset of the AMC team observed the following NT METC activities:
 - NT METC's survey visit to Alice Springs Hospital on 7 and 8 July 2015.
 - NT METC Prevocational Accreditation Panel meeting on 6 June 2016.
 - NT METC Prevocational Accreditation Committee meeting on 9 June 2016.
- The team met NT METC staff, committee and panel members, junior doctors and selected stakeholders on 28 to 29 September 2016.
- The team provided feedback to NT METC staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited NT METC to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.
- The report and the comments of NT METC were considered through the AMC's committee processes.

Appreciation

The AMC thanks NT METC for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of NT METC staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team in September 2016.

The groups met by the 2016 AMC team are listed at Appendix Two.

1 Governance of Northern Territory Medical Education and Training Centre

Domain requirement: The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Attributes

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs relative to other activities.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

1.1 The Northern Territory Medical Education and Training Centre

The Northern Territory Postgraduate Medical Council (NTPMC) was established in 1998 to conduct intern training accreditation in the Northern Territory.

In 2006 NTPMC fell into abeyance due to unforeseen circumstances. It was re-established in July 2008 following the NT Review of Medical Education and Training in 2007. From 2008 until 2015 NTPMC provided intern accreditation services to the two NT training hospitals for the internship year.

In 2015 the NTPMC was re-structured as the Northern Territory Medical Education and Training Centre (NT METC), with an expanded scope of responsibilities. NT METC was established by the Northern Territory Department of Health to conduct intern training accreditation, facilitate and support recruitment, education and training of prevocational medical staff in the Northern Territory and provide support across NT Health in relation to medical workforce matters.

The NT METC structure consists of a number of committee/panels that govern and support NT METC's functions, including intern training accreditation.

The **Medical Advisory Committee** was not formally functioning at the time of the visit, but was established to provide leadership, advice and strategic direction in postgraduate medical education and training across NT. There has been a proposed change to this Committee to move to a NT METC Health Advisory Council.

The proposed functions of the new Health Advisory Council include to:

- 1 Provide advice to the Minister for Health, the Chief Executive Officer and the Department of Health on matters relating to postgraduate medical education and training, accreditation of medical training and issues surrounding the education and employment of international medical graduates.
- 2 Identify, evaluate, monitor and promote medical education and training programs for junior medical officers and their clinical trainers/educators and supervisors in conjunction with key stakeholders.
- 3 Advise the Department of Health, after consulting with stakeholders, on the suitability of JMO positions across the NT.

- 4 Receive and consider feedback from prevocational doctors about relevant matters and provide advice and opinion to assist, support and develop postgraduate recruitment, education and training, health and welfare of postgraduate medical staff.

In re-structuring NTPMC to NT METC it was determined that the accreditation functions of the previous body would remain independent. As such, from an administrative and management perspective the work conducted by the previous council is included in an accreditation arm of NT METC with essentially no change to its accreditation practices.

The **Prevocational Accreditation Committee** is the governing body for the accreditation function of NT METC, including decisions regarding accreditation of intern training posts and programs and setting strategic direction for accreditation of prevocational education and training programs in the NT. Reporting to the Accreditation Committee, the **Prevocational Accreditation Panel** considers accreditation survey team findings and makes recommendations on accreditation to the Accreditation Committee. NT METC indicates that the Committee reports directly to the Medical Board on accreditation decisions.

The operational management and planning of the NT METC is conducted by the **NT METC Management Committee**, which refers to the unit of staff employed by NT METC. The NT METC Director is responsible for leading and overseeing the coordination of medical recruitment, education and training, and accreditation in the Northern Territory. The Executive Officer is responsible for managing the business and affairs, and planning and implementing policy for the operation of the NT METC.

The NT METC Management Committee supports the following sub-committees:

- Medical Allocation Panel: Established to determine initial location placement allocation for interns that is balanced against graduate/trainee career pathway choice and the needs of the NT Health Services.
- Medical Training Committee: Not yet established, but intended to provide advice to the Management Committee on appropriate education and training activities for prevocational medical officers in Northern Territory.
- Junior Medical Officer Committee: Had lapsed at the time of the visit. It is intended to be an independent committee to provide advice to the NT METC Advisory Council, Management and other Committees/Panels on their respective functions, from the perspective of a junior medical officer.

NT METC is a business unit within the Office of the Chief Medical Officer, Department of Health of the Northern Territory. The NT METC is subject to the Northern Territory Government's legislation regarding governance, operation rules and standards. This includes the NT Financial Management Act and regulations for all financial operations.

Team findings

NT METC is not registered as a separate business entity; however, it exists within the Department of Health. The structure currently meets the intention of the attribute namely, there is evidence of legal standing and operating rules which hold it accountable.

NT METC has an expanded role and is developing its governance structures to support these functions. The governance of the intern training accreditation function of NT METC is deliberately separate, and overseen by the Prevocational Accreditation Committee. However, the team considered there was a lack of clarity on the direction of the development of NT METC's overarching governance structures. This was reflected in the documentation provided and in its discussions with various stakeholders. At the time of the assessment, NT METC proposed that the Medical Advisory Committee be reformed as the Health Advisory Council with the roles, responsibilities and membership still under review. According to its proposed functions, the Council will have an essential role to play in the governance of the organisation including

strategic oversight, risk management and quality improvement within the organisation. The team considers the governance structure, including the role of the Health Advisory Council, requires urgent and definitive resolution.

NT METC indicated that it has commenced ongoing internal review of its initial establishment and governance models to improve the operational and decision making models across all roles and functions. The team understood that NT METC had been through a period of considerable change in its transition. Moreover, the governance system was in flux with the ongoing reorganisation of NT Department of Health, which is the system manager.

It was not clear to the team which body would be ultimately responsible for the overarching governance of NT METC. The establishment and implementation of NT METC's overarching governance structures will be essential in setting the future governance of the organization including maintaining stability and setting strategic direction. Further, consideration of the organisation's governance model should include the oversight and operational reporting lines between the various committees including the Health Advisory Council, the NT METC Management Committee and the Prevocational Accreditation Committee, discussed under attribute 1.2. Clear documentation of the relative roles, responsibilities and reporting lines of all the committees and NT METC staff should be developed and finalised.

The team felt confident that, due to the deliberate separation of the intern training accreditation functions and the broader functions of the NT METC, even in the context of current transition to new governance arrangements, the accreditation function was currently not compromised. The establishment of the independent Prevocational Accreditation Committee, supported by the Prevocational Accreditation Panel, has ensured the current stability of the prevocational accreditation functions of NT METC. The monitoring and evaluation of the Committee and Panel terms of reference and membership will be an area for reporting to the AMC.

1.2 Priority to accreditation of intern training positions

NT METC has a broad remit to provide support, advice and leadership across medical education, training and recruitment in the Northern Territory.

In addition to intern training accreditation, NT METC responsibilities include supporting and facilitating recruitment, education and training of prevocational medical staff. The NT METC will also manage policy matters in relation to the NT medical program and medical vocational specialty programs and will coordinate inter-jurisdictional medical workforce matters.

Key functions of the proposed governing body, the Health Advisory Council, include a focus on the quality of medical education and training. It is proposed that this will include identifying, evaluating and monitoring medical education and training, and providing advice on medical education and training such as the suitability of junior medical officer positions across the Territory.

NT METC has dedicated governance structures and resources dedicated to intern training accreditation, with the two main committees, the Prevocational Accreditation Committee and the Prevocational Accreditation Panel, primarily responsible for intern training accreditation.

Staff members with responsibility for supporting the accreditation functions include the Director, Executive Officer/Accreditation Manager, Project Officer and Administrative Coordinator.

New governance structures have been established or are in the process of being developed to support the expanded responsibilities of the NT METC, including the Medical Allocation Panel and the Medical Training Committee.

NT METC is currently also considering expanding the accreditation service in the NT to include PGY2 positions.

Team findings

NT METC is a newly constituted organisation which has a number of functions. It was clear to the team that intern training accreditation is a strong priority for the organisation and that this focus has been maintained through a period of significant change. NT METC has established governance and management structures and dedicated resources to support intern training accreditation. The priority of intern training accreditation was reflected in many of the team's discussions with stakeholders, and at all levels.

Maintaining this focus will be particularly important with the planned expansion of NT METC's roles and changes to governance structures. This will be an area for continued reporting to the AMC, and this is reflected in the AMC's findings.

The accreditation function of NT METC is intentionally independent in its decision making. However, the separation of functions does raise some questions regarding oversight and accountability. This includes oversight of how risks are managed, and ensuring that intern training accreditation continues to have appropriate priority within the organisation. The team considered that further discussion about this balance is required. While the team understood the reason for the separation, it considered that the governance structures as implemented don't currently support the NT METC having full responsibility for strategic oversight of this business area. As noted at attribute 1.1, if the organisation's overarching governance body will be the Health Advisory Council, from a strategic oversight and risk management perspective, the team considered that there should be a form of formal reporting between the Accreditation Committee and the Council.

1.3 Business stability

The NT METC has been in operation since 2015. The previous body, NTPMC, had existed from 2008 until 2015. NT METC indicates that it has successfully delivered its intern training accreditation function within its current resources and does not anticipate issues with delivering the accreditation service in the foreseeable future.

Operational management of NT METC is undertaken by the Executive Officer and the Director through the NT METC Management Committee.

NT METC is primarily funded by the Department of Health. The NT METC receives a funding contribution towards the accreditation of intern programs and positions via a service contract with the Medical Board of Australia through the Australian Health Practitioner Regulation Agency.

Team findings

The team considered there is evidence of business stability. However, the team identified potential risks associated with the proposed expansion of NT METC's functions, including the impact of accreditation to both PGY2 positions in addition to other regional settings. These risks will need to be monitored and managed.

NT METC is supported by high quality professional staff which adds to the stability of the organisation. The AMC team commended the support for the accreditation processes by these staff. The team noted, however, that from a risk management perspective, succession planning needs to be considered. This is discussed further under attribute 3.

The clear commitment from and engagement with the Department of Health provided further assurance of NT METC's stability.

1.4 Financial arrangements

The Executive Officer/Accreditation Manager manages the NT METC and accreditation budgets, reporting to the Director. NT METC Management Committee meets monthly and oversees the

human resource and financial management of the accrediting authority.

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

Team findings

The team noted that NT METC financial accounts form part of the accounts of the Northern Territory Government and as such comply with Australian accounting and financial reporting standards. All financial information from the Department of Health is published in the NT Department of Health Annual Report.

1.5 Selection of the governing body

The Health Advisory Council (previously the Medical Advisory Committee), is proposed by NT METC to be the body responsible for providing leadership, advice and strategic direction in postgraduate medical education in the Northern Territory. This body is yet to be formally established however it is planned that it will comprise approximately nine members. Members for this Council will be by invitation, with each stakeholder invited by the Director of NT METC to accept a position where nomination meets the criteria. NT METC indicates that, in making appointments to the Council, there will be consideration of the need to ensure appointees have an appropriate balance of skill, qualifications or experience as appropriate to its functions.

The Management Committee is responsible for operational management and planning and appointment to this Committee is by being a member of the NT METC team.

The governing body of the accreditation services is the Prevocational Accreditation Committee. Membership is determined through nomination by identified key stakeholder groups, such as junior medical officers, directors of medical services, directors of clinical training, medical education officers and a primary care representative. The Director of NT METC confirms appointment of nominees, where nomination meets Committee criteria.

An Accreditation Panel is established for each accreditation survey to consider survey team findings and comprises no less than four members. The Panel membership may be different for each meeting, due to conflict of interest reasons, with the exception of the Chair and the Northern Territory General Practice Education representatives. Selection and appointment is by invitation to each stakeholder member group identified and then appointed by the Director NT METC where nomination meets the Panel criteria. NT METC indicates the membership will be monitored by the Accreditation Committee to ensure the membership is achieving its functions.

There is a nomination and selection process for each of the following committees/subcommittees:

- Medical Allocation Panel
- Medical Training Committee
- Junior Medical Officer Committee.

For each of these committees appointment is by the Director of NT METC where nomination meets the criteria. The exception is the Junior Medical Officer Committee which is by nomination and vote of the junior doctors.

Team findings

NT METC governance structures were under development and evaluation at the time of the visit. The team considered that the selection and appointment processes for the governing body were not entirely clear or transparent.

At the time of the visit the Director of NT METC was the proposed Chair of the Health Advisory Council and responsible for the appointment of the membership of the majority of members of

the committees and panels. In discussions with NT METC it was understood that the Chair of the Health Advisory Council was not expected to remain as the Director. The team considered there exists a potential for conflict of interest with the Director of NT METC chairing the governing body, and having responsibility for the appointment of the various members of the committees and panels. An independent Chair of the governing body and selection panel to consider applicants for committee membership could assist in this regard. In establishing the Health Advisory Council and each of the committees, key considerations will be independence, representation from all relevant stakeholders and a transparent and fair selection and appointment process.

The membership of the Prevocational Accreditation Committee and Prevocational Accreditation Panel was being evaluated at the time of the team's visit. The proposed membership and selection processes appeared appropriate.

In the further development and evaluation of the committees, the membership provisions and appointment processes, including the number of committee members and length of membership terms, should be clearly defined and documented. The establishment and evaluation of the governance structures, including the Prevocational Accreditation Committee and Prevocational Accreditation Panel, will be an area for further reporting to the AMC.

1.6 Stakeholder input to governance

The membership of NT METC committees and panels provide for stakeholder input into governance. NT METC states that it is committed to including all stakeholders in the accreditation decision making processes.

The **Health Advisory Council** is proposed to include, as far as practicable, representation from metropolitan, rural and remote areas and a range of perspectives, including that of senior management, medical management, medical education and training and a representative of Northern Territory health service consumers/community.

The **Prevocational Accreditation Committee** membership is sourced from local stakeholder groups; including a prevocational doctor and the Chair of the Prevocational Accreditation Panel. The membership includes a mixture of supervisors, educators and managers of Intern education programs.

An **Accreditation Panel** for each accreditation survey will comprise no less than four members. The Chair and NTGPE members will be continuing to ensure some continuity however the other members may, for conflict of interest reasons, be different for each panel meeting. The current pool of panel members includes a rural health representative, health service representatives from the two main hospitals, a trainee medical officer and survey event team leaders. The membership may change for each meeting.

The **Medical Training Committee** was yet to be established but was planned to include a medical educator from general practice education, directors of clinical training or medical education officers from both NT health services, junior doctor representation and specialist college representation.

The **Medical Intern Allocation** panel includes for NT Health Service representatives, the Director of Human Resources from the Department, junior doctor representation and NT METC staff.

The **Junior Medical Officer Committee** had lapsed at the time of the visit. It was proposed that the membership include a range of junior medical officers across the NT with the Chair and Deputy chair alternating between the two Health Services. It was proposed that the Chair of the JMOC would be the representative on the Health Advisory Council and that there be a representative member from the JMOC included in the membership of the Medical Training Committee, Medical Allocation Panel and the Prevocational Accreditation Committee.

Team findings

The team commended NT METC's efforts to ensure input from a wide range of stakeholders into its governance structures while acknowledging that, being a small jurisdiction, the pool of representatives in each stakeholder group is limited.

The team was particularly impressed with the primary health network representation and engagement.

Junior medical officers are currently not well engaged in NT METC's governance structures and establishing this link will be an important area of focus and an area for reporting to the AMC.

The team considered that engagement with the community and health consumers still requires development and this was acknowledged by NT METC. This is raised again under attribute 5.2.

2 Independence

Domain requirement: The intern training accreditation authority carries out independently the accreditation of intern training programs.

Attributes

- 2.1 The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.
- 2.2 The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

2.1 Independence of accreditation decision making

NT METC has established a number of systems and processes to maintain the independence of the accreditation function from stakeholders, such as government, health services and professional associations.

NT METC exists within, and is primarily funded by, the Northern Territory Department of Health. With the formation of the NT METC in 2015, it was determined that the function of prevocational accreditation should be included as it is related to and could inform other prevocational matters. However, the accreditation arm of operates independently of the NT METC reporting lines. The transition memorandum signed by the NT Minister for Health in 2015 states that the accreditation function “will be maintained as an independent function to the satisfaction of the Medical Board of Australia”.

There are three levels of decision making, with input from a range of stakeholder groups, regarding accreditation of intern programs and training within NT METC: a team of surveyors undertakes an accreditation event and prepares a report, the Prevocational Accreditation Panel considers the survey report and makes a recommendation to the Accreditation Committee for approval. The documentation provided by NT METC indicated that the Prevocational Accreditation Committee makes recommendations for intern programs and training to the Northern Territory Board of the Medical Board of Australia for endorsement.

Health services are given the opportunity to raise any conflict with the survey team composition and to review the accreditation report prior to it being submitted to the Accreditation Panel.

The assessment and decision making processes are based on NT METC accreditation standards and guidelines, and documented in the Prevocational Accreditation System resources. This is reinforced through standard templates, guidelines, and training of surveyors and committee members.

The NT METC has developed an appeals policy and process should it be required.

Team findings

The team considered that NT METC is able to operate independently in its accreditation functions.

The team commends NT METC on its efforts and attention to maintaining independence in its accreditation processes and decision making, particularly in the context of a small jurisdiction and with NT METC now part of the Department of Health. The team heard unanimous agreement by stakeholders of confidence in the independence of NT METC's accreditation decision making.

Wide stakeholder input in decision making reduces the potential for undue influence at a number of levels of NT METC's governance including the survey teams, panels and committees.

NT METC generally has clear policies around decision making. However, the team observed a lack of clarity about the role of the NT Medical Board with respect to accreditation decisions. Under the national registration standard, terms are accredited for intern training by an authority which is approved to perform this function by the Medical Board of Australia. As such NT METC is required to inform the NT Board of its decisions regarding accreditation of terms rather than seeking approval of its decisions. The team considers this needs clarification and resolution by the key stakeholders, principally NT METC and the NT Medical Board.

While the Accreditation Committee does report directly to the Northern Territory Medical Board of Australia on accreditation-related decisions, NT METC is independent of the Medical Board, and is setting its own operational and accreditation policy and procedures.

2.2 Managing conflicts of interest

NT METC has defined procedures for declaration and management of conflicts of interest.

Within the NT METC business unit there is separation of the accreditation processes from other functions, such as workforce planning, and staff are allocated specific roles. The management of accreditation records is separated from that of other NT METC records and only those staff members who, through their work role require access, have access to the documents. Staff involved in prevocational accreditation are required to sign a Declaration of Conflict of Interest and Confidentiality form.

The *Conflict of Interest Process* and *Conflict of Interest Policy* documents describes conflict of interest processes for the accreditation function. Accreditation Committee and Accreditation Panel members are required to sign a Declaration of Conflict of Interest and Confidentiality Form on appointment.

Accreditation Committee and Panel meetings commence with a declaration of interest in which members are requested to declare any potential conflicts. Members with declared interests are required to leave the meeting for the discussion of those items. The agenda and attachments are provided to members on a secure website. Care is taken by the secretariat to ensure that access is restricted to prevent any members with identified conflicts of interest from accessing relevant agenda items. Any perceived or real conflicts of interests and their outcomes are recorded in meeting and accreditation survey process documents.

The declaration of interest processes for surveyors are described under attribute 4.3.

Team findings

NT METC's processes for identifying and managing conflicts of interest are comprehensive, and an area of strength. The processes are well understood and this was reflected in the team's discussions and in its observation of the accreditation committee and accreditation panel meetings.

The team recognised that maintaining these important and comprehensive conflict of interest processes in a small jurisdiction has an impact on the cost of undertaking the accreditation processes. For example, to avoid potential conflicts when assessing the southern NT facilities the assessors are sourced from northern NT facilities, and there are substantial travel and accommodation costs associated with this.

As the Health Advisory Council is established it will be important to ensure formal policies and procedures around conflict of interest are developed and implemented, as they have been for the other committees and panels.

3 Operational management

Domain requirement: The intern training accreditation authority effectively manages its resources to perform functions associated with accreditation of intern programs.

Attributes

- 3.1 The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

3.1 Resources to achieve accreditation objectives

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

The Executive Officer (who is also the Accreditation Manager) is the cost centre manager for both the general NT 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.

The NT METC is staffed by a Director, Executive Officer/Accreditation Manager, Project Officer and Administrative Coordinator.

NT METC indicates that funding from the NT Government through the Department of Health has been ongoing with no indication from NT Department of Health that there will be any resourcing issues affecting the accreditation service in the next three years.

A key responsibility of the Executive Officer position is to manage the NT METC Office and administrative staff along with the prevocational accreditation surveyors. This includes recruitment, professional development and performance management of NT METC staff.

The secretariat of NT METC Committees and Panels is through the NT METC budget. Secretariat for the Accreditation Committee and Panel is partially supported by a funding contribution from Australian Health Practitioner Regulation Authority (AHPRA) to manage the PGY1 accreditation service. A separate NT METC cost centre code has been established to track the expenditure of the accreditation services so as to acquit the MBA contribution. The NT METC provides progress reports to AHPRA quarterly regarding the acquittal of the funding provided.

The Executive Officer/Accreditation Manager observes and follows the NT government procurement, financial and travel policies when organising any surveyor travel and surveyor payments. These are outlined in the *Surveyor Guidelines*.

NT METC does provide sitting fees out of the business unit's budget for those members who are not NT government staff and who would, by virtue of attending any committee or panel meetings, have a loss of income. NT METC indicates this broadens the range of stakeholders able to participate.

NT METC noted the challenges of the large demographic to visit health service training facilities that wish to have prevocational positions accredited. This cost includes sending survey teams to various locations as well as bringing in surveyors from outside Darwin for training days. NT METC expects this will increase as new prevocational positions are expanded into regional areas.

NT METC indicates this will be discussed at the PAC throughout the accreditation cycles as accreditation services are expanded to more regional areas.

Confederation of Postgraduate Medical Councils (CPMEC) is building a bank/register of national surveyors who may be available to assist in a jurisdiction requiring an independent surveyor. To date NT METC has not utilised or trialled this process. Previously NTPMC had utilised interstate surveyors when the NT health services were unable to release staff to assist with survey events. However, use of interstate surveyors incurs a substantial cost.

NT METC indicates that being a small organisation with fewer resources, particularly in staffing at both the NT METC and in health services, can be a challenge.

Team findings

There are processes in place to manage human and financial resources to achieve objectives in relation to accrediting intern training programs. NT METC is conducting its functions, including accreditation activities, within its current resources.

The team commends the dedication and work of the accreditation staff, particularly the Accreditation Manager/Executive Officer, throughout a period of significant change.

NT METC is dependent on a small number of very committed individuals, particularly its staff. While this is a strength, it is also considered a risk. It was evident that the NT METC has considered and is taking action on succession planning and enhancing resource requirements, particularly in light of the proposed expansion of NT METC's functions. The team considered the continued documentation of NT METC's standards and processes to be an important process in this regard. The management of resources with an expanded role will be an area for continued reporting to the AMC.

The resources will need further consideration with an expansion of NT METC's functions. Currently the Executive Officer and Accreditation Manager roles are held by the same individual, and the team thought the proposed expansion of Accreditation staff was sensible.

3.2 Monitoring and improving accreditation processes

NT METC has a number of systems in place for monitoring and improving the intern training accreditation processes.

NT METC is implementing a continuous improvement process within the business. NT METC has developed a *Continuous Improvement Policy, and Procedure* and a *Continuous Improvement Record Register* is maintained and reported on at each NT METC Management Committee meeting. NT METC also has a *Document Review Register* that covers all documents developed and maintained by NT 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.

NT METC maintains an *Accreditation Continuous Improvement Records (ACIRs) Register* which includes any suggestions for improvement, issues or concerns that are recorded, actioned by the appropriate person and/or committee/panel and followed up by the Accreditation Manager. The oversight of the ACIR outcomes is by the Prevocational Accreditation Committee. The ACIR Register is a standing item at all Committee meetings.

NT METC has routine mechanisms for gathering feedback as part of its accreditation survey process. It seeks feedback from accredited facilities as part of the survey process for a full visit assessment. An online evaluation feedback is provided to all staff at the health services involved in the survey event. This is collated and presented to the Prevocational Accreditation Committee for discussion. One of the Accreditation Panel's functions is also to report to the Committee on improvements required to survey processes.

Evaluation of NT Surveyors is also undertaken at the end of survey events. Currently this is undertaken informally through discussion. However, NT METC expects this could be done online in the future. The survey team leader has the responsibility to provide feedback to and from the surveyors and discuss any issues/concerns with the Accreditation Manager and/or Prevocational Accreditation Committee. NT METC notes that in the future issues or improvements identified will be documented through the *ACIRs* system. NT METC provided examples of how NT METC's continuous improvement process has guided improvements that are now part of the NT Prevocational Accreditation System.

NT METC's approach to risk management relates to business units systems, processes, and accreditation systems, processes and survey activities. This is underpinned by the Department of Health's Risk Management Policy. NT METC does not have a separate risk management policy from the Department. However, it does have an accreditation service risk plan/register.

One component built into the NT Prevocational Accreditation system relates to management of the risk of refusal or withdrawal of a facilities accreditation. These extra risk assessment ratings were adopted to give the Survey Teams the opportunity to risk manage any high priority or more serious risks that they might have identified regarding a facilities capacity to be compliant with the prevocational standards.

NT METC acknowledges that much of its risk management has been focused on accreditation services, as this was the sole area of focus prior to the transition, and that aspects of business risk management and tracking need to be established. NT METC indicates that it is working towards developing a business unit risk tracking process and a formal risk management plan.

Team findings

NT METC has mechanisms for monitoring and improving the intern training accreditation processes.

The team commends NT METC's comprehensive and sophisticated mechanisms for identifying and tracking improvements to its accreditation processes through the model of the Accreditation Continuous Improvement Record. It will be important to maintain this continuous evaluation of processes at a strategic level through both the Accreditation Committee and proposed Advisory Council.

The team considers that NT METC needs to undertake further work on risk management including the development of a functioning risk register, documenting the identification, assessment and monitoring of risks, as well as providing evidence of progress on implementation of risk mitigation strategies over time. As identified by NT METC, this should include risks related to the organisation more broadly. Oversight of risk will also be an important function for the proposed Health Advisory Council.

The team also acknowledges the obvious enthusiasm and commitment of many of the individuals the team met during the survey visit for intern education and training and quality improvement of intern training.

3.3 Management of records and information

As part of NT METC's confidentiality and records and information management it maintains a separate Tower Records Information Management (TRIM) dataset from Department of Health. The accreditation records are only accessible to the accreditation support staff involved in NT METC accreditation services. Both the electronic folders and TRIM records are security password protected. The Accreditation Manager is the NT METC TRIM administrator and manages the NT METC TRIM document security.

NT METC adheres to the NT Department of Health Records Management Policy.

The Northern Territory Government Code of Conduct (public service) requires public servants to maintain confidentiality in regards to their work. In addition to the Northern Territory Government code of conduct, each NT METC staff member and accreditation committee/panel member is required to sign a NT METC *Declaration of Conflicts and Confidentiality* form/template.

Team findings

NT METC has systems for managing information and records, including ensuring confidentiality.

The team considered there were comprehensive mechanisms for capturing and tracking of documents with regular review.

4 Processes for accreditation of intern training programs

Domain requirement: The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.8 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.9 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

4.1 Documentation on the accreditation requirements and procedures

The NT Prevocational Accreditation System documents, including the Prevocational Accreditation Standards, are available on NT METC's website. The accreditation section of the website provides an overview of accreditation processes, policies and guidelines, information on the Accreditation Committee and Accreditation Panel and a list of currently accredited facilities and positions. There are also resources to assist the facilities to undertake prevocational accreditation survey events.

Accreditation requirements, processes and accreditation decisions are communicated through the NT METC website, electronically via email correspondence and through letters to stakeholders involved in the accreditation processes.

NT METC indicates that it seeks feedback/input from stakeholders when accreditation standards and guidelines are under review.

Team findings

The team commends the design of the website. It is comprehensive and user-friendly. The team heard this was a useful and accessible source of information for stakeholders.

The accreditation processes and requirements were well documented and understood by those that met with the team.

4.2 Selection, appointment, training and performance review of accreditation visitors

NT METC has developed a number of policies and procedural documents that outline how it selects, trains, appoints and reviews the performance of survey teams.

The *Surveyor Policy* indicates that, to participate in accreditation surveys, surveyors must have the necessary background/experience, appropriate training and maintenance of currency of surveyor status. The policy lists the following stakeholder groups from which surveyors can be drawn: junior medical staff, directors of clinical training, medical education officers, general practitioners and medical services/workforce managers. Surveyors must agree to comply with the *Surveyor Position Description* and *Code of Conduct*. The policy states that a survey team must consist of:

- a At least three and usually no more than five surveyors for a Full Survey Visit, one of whom **must** be a junior doctor, or
- b At least two surveyors for a Rural Hospital, General Practice or New, Offsite Unit or Modified Unit Survey, one of whom **must** be a junior doctor

Prior to their first survey a surveyor must complete a surveyor training workshop and where possible, observe at least one full survey visit. To maintain currency a surveyor must attend a surveyor training workshop at least every three years and complete one accreditation survey per annum. There are additional requirements for survey team leaders/coordinators.

The *Surveyor Selection Process* outlines the process for selection of new NT METC prevocational accreditation surveyors. A flow chart shows an expression of interest process where NT Accreditation Staff call for applications for Accreditation Surveyors, nominees complete a NT surveyor application form and submit to NT accreditation staff, NT accreditation staff determine if application meets requirements (as outlined in policy), and, if met, the application is forwarded to the Accreditation Manager for endorsement. The nominee is informed in writing and appropriate training is organised and implemented. When a survey team is appointed, the health service being accredited is given the opportunity to review the proposed team for consideration of potential conflicts of interest.

The *Accreditation Evaluation Process* outlines the process for provision of feedback to all those involved in a specific accreditation visit. Feedback is received from and provided to the health service staff involved in the accreditation survey visit, the surveyors, the survey team coordinator, the Prevocational Accreditation Committee, through the Prevocational Accreditation Panel. The document describes a process by which the Survey team coordinator/leader provides surveyors with constructive written feedback.

The training of surveyors is a one day workshop. An example of the surveyor training program was provided and included presentations the on roles and responsibilities of surveyors, NT METC standards and processes as well as role-play activities and a calibration exercise.

NT METC indicates that it is in the process of developing the Survey Team Coordinator/Leader workshop. Currently the Team leaders are supported and managed by the Accreditation Manager where necessary. A blended approach is being considered in that an online component along with a face to face follow up component will be part of the design of the training.

Team findings

The AMC team considered that NT METC has comprehensive processes for training and reviewing performance of the survey team members which results in teams that appear to have an appropriate mix of skills and experience. Surveyors that spoke to the team considered the training provided by NT METC was good. The team supports the plans for further development of training for survey team chairs and upskilling of existing surveyors.

The team encourages NT METC to continue to develop and evaluate the surveyor pool, including consideration of interstate surveyors.

The team had the opportunity to observe a survey visit during the process. In this visit, the assessment team was balanced, well-functioning and appeared appropriately skilled for their role.

The team noted that currently surveyors are selected and appointed to a survey event by the Accreditation Manager on behalf of the Prevocational Accreditation Committee after they have been trained by the accreditation support staff to undertake an accreditation survey event. The team understood that in the future the Accreditation Manager and Accreditation Committee chair would compose teams for specific surveys which would then be appointed by the Prevocational Accreditation Committee.

4.3 Managing conflicts of interest in the work of accreditation visitors and committees

Conflict of interest processes exist in the governance processes both for survey team members and the governing panels and committees.

On appointment, all members of the Accreditation Committee and Accreditation Panel are required to sign a declaration of interests and confidentiality form. All meetings of the Prevocational Accreditation Committee and Prevocational Accreditation Panel commence with a request for declaration of interests. If any conflicts of interests are declared at the Accreditation Committee or Accreditation Panel they are documented in the minutes of the meeting and the member with the conflict of interest leaves the meeting for the discussion of the item.

Surveyors are required to sign a declaration of interests and confidentiality form at the time of training. All surveyors are reminded to declare any recent conflicts of interest prior to any survey events they are involved in. Conflicts of interest are considered in the appointment of the survey team and there are processes to manage a conflict that may arise during a survey process. The health service is also given the opportunity to review the survey team for potential conflicts of interest prior to its appointment.

Team findings

NT METC has developed clear processes to identify, manage and record conflicts of interest.

Managing conflicts of interest in a small jurisdiction where many individuals hold multiple roles is a challenge. However, the team considered the meticulous conflict of interest processes to be a strength of NT METC and the team saw evidence of these processes in practice in its observation of accreditation activities and discussions with stakeholders.

The team encourages the routine inclusion of interstate surveyors on full reaccreditation assessments. Recognising the costs associated with travel, there may be alternative mechanisms to engage interstate expertise rather than attending in person.

The Team observed a Prevocational Accreditation Committee meeting in which the Accreditation Manager/Executive Officer, assigned the Deputy Chair, chaired the meeting in the absence of the Chair. The team understood that this related to availability of members and difficulty in obtaining quorum. The team considered that ongoing attention is required to continue to ensure that the Accreditation Manager/Executive Officer, as Deputy Chair of the Prevocational Accreditation Committee, maintains independence from decision-making. The team considered this particularly important given the role of the Accreditation Manager in attending survey visits and developing relationships with facilities.

4.4 The accreditation process

NT METC has developed a document *Accreditation Cycle* which outlines the cycle of events and types of survey events in the cycle. The accreditation cycle of survey events includes a site visit at either end of the cycle with desktop survey events monitoring progress in between.

The NT accrediting authority accredits NT health services either as:

- A Primary Allocation Centre; or
- An Offsite Unit – a health service located geographically away from the primary allocation centre that operates within the prevocational education and training program of the primary allocation centre and/or an alternative prevocational term structure which operates within the prevocational education and training program of the primary allocation centre (Examples of an Offsite unit – regional hospitals; General Practices and other health services e.g. AMS, health centre).

The accrediting authority accredits a Health Service facility as an intern Primary Allocation Centre when the facility can demonstrate that it can provide all three compulsory Medical Board of Australia general registration terms as part of the Intern Education and Training Program. NT accrediting authority also accredits the number of positions within these terms to ensure that the education and training program delivers a safe, patient and junior doctor experience.

NT METC has a four-year accreditation cycle. A summary of the cycle of events is provided below:

Self-Assessment: A Self-Assessment document is completed by the health service prior to the Full Survey. It addresses the Standards and Criteria across both the governance structure and the units within which the junior doctors learn. (*paper-based survey*)

Full Survey: Self-Assessment and Full Survey occur in the same 52 week period. They occur again prior to the date when Accreditation would lapse. (*visit survey*)

Quality Action Plans: After a visit survey, health services are required to provide a Quality Action Plan to show how they will meet their recommendations and other conditions from the visit report, maintenance and improvements expected or completed according to this Plan. (*paper-based survey*)

Within the four-year Accreditation period, two Quality Action Plans would be expected. The first Quality Action Plan should be received six months following a Full Survey (unless otherwise advised) and the second Quality Action Plan should be received six to twelve months following the first. The Quality Action Plan should include monitoring of any New/Modified Units which have been accredited since the last Full Survey.

Periodic Survey – Progress Report: A progress report occurs approximately two years after the Full Survey (the half way point). The timing of this survey will be determined by NT Prevocational Accreditation Committee and will occur as close as possible to two years (half way) since the previous Full Survey. (*paper-based survey*)

There is a separate process for each of the following types of survey events:

- Application for Accreditation
- Full Survey Process
- New Offsite Unit Survey
- Quality Action Plan
- Modified Unit Survey.

NT METC has documented the processes for each of these survey events and the documentation is available on the website.

NT METC uses both site visits and paper-based survey methods to assess intern training programs against the NT Prevocational Accreditation Standards. The NT Prevocational Accreditation Standards have been mapped to the *Intern training – National standards for programs*.

NT METC indicates that every site visit survey event team has a junior doctor, and a supervisor as part of the survey team. For desktop/monitoring surveys a junior doctor is part of the team where possible and available. The NT METC endeavors to provide continuity from survey event to survey event by ensuring where possible one survey team member is on the next survey.

The NT Prevocational Accreditation Standards Guidelines provides a list of suggested evidence. There are also guidelines provided under each standard and against each criterion to assist the facility to identify how they can demonstrate that interns are involved in high quality clinical care.

The survey team that undertakes the survey event, whether a visit or paper-based process, make its decisions from the evidence provided by the facility. The survey team leader prepares a report of the team's findings and presents the report to the Prevocational Accreditation Panel. The Accreditation Panel then provides a recommendation to the Prevocational Accreditation Committee. Once the Accreditation Committee has made a determination regarding the survey event it is reported to the Northern Territory Board of the Medical Board of Australia. The facility is notified of the accreditation decision.

Team findings

The team noted that NT METC's accreditation process includes self-evaluation, assessment against the standards, site visits, and a report assessing the program against the standards.

Overall, the AMC team was impressed with the documentation and conduct of the NT METC accreditation processes. The AMC team had the opportunity to observe an NT METC survey visit and found that the processes and methods used were systematic, collegial, and conducted in accordance with NT METC standards and policy.

4.5 Fostering continuous quality improvement in intern training posts

NT METC states that the accreditation process is intended to promote a continuous improvement approach to the training facility to continuously monitor and improve their education and training program for interns and prevocational doctors. The focus on improvement of intern education and training is reflected in a number of NT METC's procedural documents.

NT METC states that since 2008, when the previous NTPMC was re-established, there has been a substantial increase in the quality of intern education and training program in the Northern Territory.

While all of the NT Prevocational Accreditation Standards are mandatory, the model is based on a quality improvement and quality assurance model. NT METC indicates that patient safety and a

safe learning environment for the junior doctors is a high priority and if either of these was at risk, it would cause a survey team to immediately review and evaluate a health services training program to offset the risk.

In its documentation health facilities/intern training program providers are asked to provide an overarching outline of what they have done since the last survey event. They are asked to give a map of what they have achieved, intend to achieve, short and long term as well as any limiting barriers or issues they have identified to achieving those goals. NT METC uses this, along with the health service's strategic plan, as an opportunity to determine if the health service involved in the intern education and training program is demonstrating a continuous improvement culture.

NT METC's rating scales also provide ratings for achievements above and beyond satisfactorily met such as extensive achievement where there is evidence of innovation and implementation of best practice and outstanding achievement where they are considered leaders in the field relevant to the criterion being addressed.

Team findings

The team considered that NT METC has developed processes to facilitate quality improvement and clearly articulated a commitment to quality improvement in its documentation.

The team heard evidence of examples of substantial quality improvements made to intern training as a result of the accreditation processes, including increased resources, but also in building a strong commitment to education and training within training facilities. Stakeholders that met with the team were able to reflect on a number of examples where accreditation had led to improvements in their training facilities.

A subset of the AMC team observed the NT METC visit to Alice Springs hospital in July 2015 and noted a strong focus on junior doctor wellbeing and support.

4.6 The accreditation cycle and regular monitoring of intern programs

NT METC monitors accredited health services programs and posts throughout the accreditation cycle. As described at attribute 4.5, each accredited health service employing interns at a training facility will have an annual monitoring survey.

The accreditation cycle commences with a site visit which determines the accreditation period (maximum of four years) and the schedule of activities in that cycle.

The NT METC staff use excel spreadsheets to monitor the process milestones in each survey event for each health service training facility. NT METC has also been tracking recommendations from site visit surveys for all training facilities since the reestablishment of NTPMC in late 2008.

Both of these documents are available to the Prevocational Accreditation Committee. A Report from the Accreditation Manager is under development to track and report any changes or consistent non-compliance issues to the Accreditation Committee.

Team findings

NT METC accreditation process is cyclical, in line with national guidelines and standards and provides regular monitoring through interim reporting processes and follow-up of identified issues and improvement.

The team heard some evidence from health services of a heavy workload associated with the reporting requirements of NT METC between accreditation visits. The team suggests that NT METC review and work with health services on their monitoring reporting requirements, to ensure efficient and effective mechanisms are in place.

The team noted that JMOs have much to contribute to the monitoring of facilities and programs between visits, and the potential role of the JMOs and the link to the JMO Forum should be further explored.

During its observation of the Prevocational Accreditation Panel and Committee meetings the Team noted that NT METC staff appear to keep very comprehensive logs of actions to follow up arising from the accreditation process.

4.7 Considering the effect of changes to posts, programs and institutions on accreditation status

NT METC has developed guidelines to determine if changes to posts, programs and institutions will affect the accreditation status and to manage the assessment of these changes.

There is a procedure for the following:

Modified Unit Survey Process - Outlines the process for accrediting a Modified Unit at a health service. Examples of modifications include: A link with another unit which impacts on the type and amount of clinical experience, a change in supervision (there is a separate policy on this), or alteration to rostering and clinical duties.

Application for Change of Status - Outlines the process for a health service to request a change in its status from a Secondment to a Primary Allocation health service.

New Offsite Unit Survey Process - Outlines the process for accrediting a New Unit at a health service. As part of the evidence for this survey event the health service facility will have to provide evidence that will demonstrate how the primary allocation centre will communicate and partner the new or offsite unit in providing a component of the prevocational education and training program.

Each of these processes requires the health service to make a request for change to the Prevocational Accreditation Committee. The health service then completes the documentation to the Committee for its consideration. Depending on the nature of the change, this might result in a full survey visit or a desktop process.

NT METC has also developed a policy for **Notification of Change of Circumstance**. This policy relates to circumstances which may result in the health service no longer meeting the accreditation standards, for example a lack of senior clinicians available as a supervisor or no director of clinical training. Notification of a change of circumstance can come from the health service training facility or another source. NT METC, after being notified, will contact the health service and arrange to meet with those personnel overseeing the prevocational education and training program to discuss whether a site visit or a modified unit survey event is required due to the change of circumstance. The Prevocational Accreditation Committee Chair would also be notified of the health service training facility change of circumstance. This policy includes a mechanism for NT METC being informed of issues through sources other than the health service.

To date, NT METC and its predecessor NTPMC have not had to process any notifications of change in circumstances. NT METC indicates that the accreditation system is set up to have an assessment (survey visit or monitoring) for each training facility at least once every year and that being a small jurisdiction with two training facilities if there was a change in circumstance it is likely to be picked up and dealt with in a different way.

Team findings

The team considered that NT METC has developed processes to manage changes to posts and programs in line with national guidelines. The effectiveness of these policies and processes should continue to form part of NT METC's routine quality improvement and evaluation processes.

4.8 Application of documented decision-making processes

NT METC has developed a number of documents on the decision making processes. These include flowcharts that outline the process and decision making through the governance structures.

The survey team that undertakes the survey, whether a visit or paper-based process, make their decisions from the evidence provided by the facility, the survey team leader documents these findings in a written report to the Prevocational Accreditation Panel. The Prevocational Accreditation Standards provide a list of evidence and a rating scale that are intended to help the team in assessing the documentation. The survey team leader attends and presents the survey event report to the Prevocational Accreditation Panel.

The Prevocational Accreditation Panel discusses the report and findings from the survey team and either endorse or not endorse the survey event report. They also review the survey processes undertaken by the survey teams. The Accreditation Panel provides the Prevocational Accreditation Committee with its comments and/or recommendations in a briefing paper that is presented by the Accreditation Panel Chair to the Committee. The Accreditation Committee makes a determination regarding the outcome. The report and recommendations are then provided to the Northern Territory Board of the Medical Board of Australia and the Accreditation Manager attends the Board meeting to present the report.

After the Northern Territory Board of the Medical Board of Australia has met and finalised its decision, it notifies in writing the Prevocational Accreditation Committee of the accreditation status outcome and the facility is informed by the Accreditation Manager of the Board's decision regarding its accreditation status. The facility is also provided with a copy of the survey event report which includes any new or added recommendations and comments from the survey event just completed. The final outcome/s (Accreditation status dates) of the site visit are uploaded onto the NT METC website.

For those accreditation cycle survey events that are for monitoring purposes (desktop or paper based) the survey team relies on the evidence provided in the facility's submission. NT METC tries to ensure there is one survey team member who is consistent across the assessments to ensure the continuity of knowledge and progress.

NT METC has developed a document the Principles of Accreditation which details the principles used to ensure the processes are rigorous, fair and consistent.

Team findings

The team considered that NT METC has clearly documented processes for accreditation decision-making and reporting and mechanisms to ensure decisions are free from undue influence.

The team commends the care taken to create the Prevocational Accreditation Committee and Prevocational Accreditation Panel to ensure another level of scrutiny and rigour in independence of decision making. The Accreditation Committee members that met with the team had a good sense of their roles and responsibilities. These Committees are still in the early stages of establishment and maintaining this momentum and continual evaluation will be important. The team supports the proposed planning day in November.

The team encourages NT METC to continue formalising and documenting current processes for out of session decision making. This will be an area for reporting to the AMC.

The AMC team had the opportunity to observe meetings of the Prevocational Accreditation Committee and the Prevocational Accreditation Panel which provided evidence that NT METC's decision making processes are based on its accreditation standards and guidelines. The team did not observe any bias or undue influence of members on the decisions on intern or other posts.

NT METC generally has clear policies around decision making. However, the team observed a lack of clarity about the role of the NT Medical Board with respect to accreditation decisions.

Under the national registration standard, terms are accredited for intern training by an authority which is approved by the Medical Board of Australia. As such NT METC is only required to *inform* the NT Board of their decisions regarding accreditation of terms rather than seek approval. The team considers this needs clarification with key stakeholders, as previously discussed under 2.1.

4.9 Communicating accreditation decisions

The NT METC website provides a summary table of all accredited health services and programs. NT METC indicated this is updated after each accreditation decision.

After an accreditation decision has been finalised NT METC notifies the executives of the facility and provides a copy of the survey event report.

The stakeholder representation on the Panel and Accreditation Committee ensures that relevant stakeholders, without a conflict of interest specific to that survey event, are aware of the accreditation outcome.

NT METC indicates a challenge for the accrediting authority is the distance between training facilities, making it costly when accrediting a facility for the first time and to follow up with a site visit to monitor any concerns or issues that may have been presented at the time or later. The Accreditation Manager is currently exploring and researching options for surveys of health service regional training facilities via video conferencing or other computer software to conduct follow up surveys. These processes would present new challenges and will need to be considered by the Prevocational Accreditation Committee, NT surveyors and in consultation with those health service regional sites before proceeding.

As described in attribute 4.8, once the Accreditation Committee has made a determination regarding the outcome of the survey, the Northern Territory Board of the Medical Board of Australia is informed in writing of the Accreditation Committee's decision. The Accreditation Manager attends the Board meeting by invitation to present the Accreditation Committee's report.

There is a formal reporting relationship with the Department of Health and there are scheduled regular meetings between the NT METC Director, the Chief Medical Officer and other senior executives of the Department.

Team findings

Outcomes of accreditation are communicated to stakeholders. As NT METC develops its communication strategies it might consider ways to more broadly communicate accreditation outcomes to stakeholders, such as via the proposed Newsletter.

In its evaluation of processes, NT METC should ensure that the outcomes of its accreditation are being distributed and received by all relevant stakeholders, including to JMOs. This should include consideration of whether the outcomes are being distributed appropriately within the health services. Once the JMO Forum is established it could be used as a mechanism for sharing information about accreditation and decisions.

4.10 Complaints, review and appeals processes

NT METC has developed an *Appeals Policy and Process* to manage any disputes or appeals made in writing by a health service training facility against a Prevocational Accreditation Committee decision. The policy lists the following as grounds for appeals:

- 1 An error in due process occurred in the formulation of the earlier decision and/or
- 2 Relevant and significant information which was available to the Surveyors was not considered in the making of the recommendations and/or

- 3 The decision of the Prevocational Accreditation Committee was inconsistent with the information put before that Committee and/or
- 4 Perceived bias of a Surveyor.

The policy states that any health service, individual or department that is the subject of an accreditation decision may, within 14 days from receipt of written advice of the accreditation decision, apply to the Chair of the Prevocational Accreditation Committee to have the decision reviewed by an Appeals Committee. The process for consideration of the appeal is described.

NT METC indicates it has not had to resolve any major problems or disputes with accredited health services/programs since being established and conducting intern accreditation services.

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

The accreditation cycle includes a process which gives the facility the opportunity to review and comment on the accreditation report prior to it being sent to the Accreditation Panel for review.

Team findings

NT METC has clearly defined the procedures for appeal. The process has not yet been tested.

The Appeals Policy will need to be reviewed in relation to the proposed transition of the Medical Advisory Committee to the Health Advisory Council.

5 Stakeholder collaboration

Domain requirement: The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

Attributes

- 5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.
- 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.
- 5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

5.1 Engagement with stakeholders

NT METC has processes for engaging with stakeholders, including through broad representation on its major committees and through direct engagement with specific groups.

The membership of the committees/panel provides for representation from a range of stakeholders including health services and medical supervisors. NT METC indicates that committee membership is used as a mechanism for engaging with stakeholders and for disseminating relevant information to their representative groups. The membership of the Health Advisory Council is intended to provide input from a number of local and national organisations. Stakeholder engagement is proposed to be part of this Council's functions.

NT METC has a close working relationship with the NT Department of Health, and has regular scheduled meetings with the Chief Medical Officer and other senior executives of the Department.

The NT METC Director has represented the Department of Health on committees and working parties including the Health Workforce Principle Committee. He is also a Committee member of the NT Medical Program Governance Committee. The NT Medical Program has been established as a partnership with Flinders University and the NT Government.

The NT METC Executive Officer/Accreditation Manager is a member of several committees of the the Confederation of Postgraduate Medical Council, chair of the NT General Practice Education Continuous Improvement and Education Governance Committee and a member of its general practice Accreditation Committee. NT METC indicates this relationship is assisting NT METC in building links to the rural and remote primary care environment.

The Prevocational Accreditation Committee communicates accreditation reports and outcomes to the Northern Territory Board of the Medical Board of Australia.

NT METC engages with the Medical Education Officers and Directors of Clinical Training at both accredited facilities through informal mechanisms such as meetings.

There is junior doctor representation on the Accreditation Panel and Accreditation Committee. The JMO Forum underwent a review during the transition from NTPMC to the NT METC and is not currently established or functioning. Previously the JMO Forum included representatives from both health services and the two health service resident medical officer societies. All junior

doctors were invited to participate in the JMO Forum. NT METC indicates that, as it establishes its contact with the junior medical officers, it will be better situated to offer support and assistance. NT METC states that it will consider how best to support and assist the JMO Forum at future NT METC Management Committee and as NT METC develops its business unit's communication strategy across all of its functions.

There are junior doctors involved in the NT METC accreditation program and several currently trained as surveyors, with further recruitment planned.

NT METC does not currently have a consumer/community representative and acknowledges this is an area requiring further development. NT METC indicates there is no established health consumer representative group in the NT but that the Department of Health is currently progressing this through the implementation of a Stakeholder Engagement Framework in the Northern Territory.

Team findings

The team notes the website as a particular strength and point of engagement with stakeholders.

NT METC expressed an intention to engage more broadly with stakeholders and this is encouraged.

Engagement of junior medical officers, in the accreditation processes, governance structures and decision making is an area for further development. The JMO forum is no longer in existence and the team considers there needs to be a mechanism established for junior doctors to raise their concerns and engage with the accreditation committees and the organisation more broadly. The junior doctors who met with the team indicated that they would welcome this engagement.

Engagement with consumer/community representatives is also an area for development, and this was acknowledged by NT METC. NT METC is encouraged to develop mechanisms for involving consumer/community representatives in NT METC's accreditation functions and consultation about standards and accreditation processes. This will be an area for further reporting to the AMC.

5.2 Communications strategy

NT METC provides a significant amount of information about its roles, functions and procedures on its website.

NT METC has a Communication and Promotion Plan which provides a high level summary of the various stakeholders and processes for engaging with them. The evaluation of NT METC's communication and promotions plan's effectiveness is included in the organisation's Continuous Improvement Records Register. NT METC is developing a Collaboration and Networking Model through the Management Committee, which is intended to set the direction for how NT METC will collaborate and network with all of its stakeholders. Over time, it will be important for NT METC to evaluate the effectiveness of its strategies for engaging with stakeholders.

NT METC indicates that, as a small jurisdiction, it has relied on more informal mechanisms for sharing information and opportunities to inform health facilities about accreditation of intern education and training programs. The website is intended to assist in ensuring consistency of information about the accreditation system and a point of access for stakeholders where documents can be found. NT METC is aware that more systematic mechanisms for communication would assist in ensuring information is more widely disseminated and in reducing the workload of NT METC staff. The development of a newsletter is currently under consideration.

Team findings

The team acknowledges that NT METC is in a period of development and transition. However, in its discussions with stakeholders not directly engaged with the organisation, the team heard some lack of clarity about the new functions of NT METC. A number of stakeholders who met with the team were aware of the NT METC staff but not the broader role of the organisation or committee members.

The team considers that further work is required by NT METC to enhance stakeholder engagement. This would include the proposed communication strategy and establishing a more systematic and strategic mechanism for stakeholder communication and collaboration. The team also supports the plan for the Health Advisory Council to oversight stakeholder engagement.

5.3 Collaboration with other accreditation organisations

NT METC is developing its model for collaborating with other relevant organisations through its Collaboration and Networking Model.

NT METC contributes to the Confederation of Postgraduate Medical Education Councils (CPMEC) through members and staff sitting on the Board and Prevocational Medical Accreditation Network. Membership of CPMEC is a mechanism for collaborating with other intern accreditation bodies across Australia. NT METC reflects this has been a useful connection for NT in developing its accreditation model and engaging with other intern training accreditation authorities.

NTPMC had a strong relationship with the previous Postgraduate Medical Education Council of Queensland (PMCQ) which provided assistance in establishing the NT Intern Accreditation System. PMCQ also provided independent surveyors to the process and had membership on the NTPMC. The NSW intern training accreditation authority (now the NSW Health Education and Training Institute) also provided assistance in the early stages of the NTPMC's establishment.

In 2015, the NT METC along with the NT Department of Health hosted the National Medical Education and Training Forum. The Forum provides an opportunity for national networking and information sharing about intern education and training, including accreditation practices and processes.

NT METC staff and committee members are also involved in AMC accreditation processes.

NT METC has developed relationships with other relevant organisations such as NT General Practice Education, with membership on the NT's Regional Training Organisation, NT General Practice Education Accreditation Committee and Continuous Improvement and Education Governance Committee.

NT METC has established a relationship with the NT Medical Program, which is a partnership between the NT Government, Flinders University and the Federal Department of Health. The NT Medical Program has a particular focus on increasing the number of Indigenous doctors and medical practitioners staying in the NT. The NT METC is working with the Associate Dean and program staff of the Medical Program regarding the first cohort which graduated in 2015 and commenced a two year bonded employment in the NT health services. The Director of NT METC is a member of the Medical Program Governance committee that meets quarterly to discuss the programs curriculum, placements and other course teaching requirements.

It is a future plan for NT METC to increase its interaction with specialist colleges to ensure an effective integration of the medical education and training continuum within NT.

Team findings

There is clear evidence that NT METC has engaged with other accreditation authorities, particularly in its early stages, in seeking advice to developing their standards and processes.

The team encourages NT METC to continue collaborating with other accreditation authorities in the future.

The team commends NT METC's vision to engage with undergraduate and vocational education providers in the Territory.

5.4 Working within accreditation frameworks

The NTPMC accreditation system was initially developed from the Postgraduate Medical Council of Queensland standards, processes and policies. The NTPMC, and now NT METC, has evaluated and reviewed its accreditation standards and policies over time to contextualise them to the Northern Territory.

NT METC has aligned its standards and processes to the requirements of the national framework for medical internship, including the NT METC accreditation standards which have been mapped to the *AMC Intern training – National standards for programs*.

As noted in attribute 5.4, NT METC contributes to the Confederation of Postgraduate Medical Education Councils with the Director on the Board of CPMEC and the Executive Officer participating in meetings of the national Prevocational Medical Accreditation Network.

NT METC also provides input into national and Northern Territory projects and consultations, including the National Review of Medical Intern Training (2015).

NT METC has a long term goal to connect and develop networks internationally with countries who are involved in prevocational accreditation, education and training.

Team findings

NT METC works within national structures of quality assurance and accreditation.

Appendix One Membership of the 2016 AMC Team

Dr Jo Burnand (Chair) BSW, BMed, MPH, FRACMA
Medical Director, IECO Consulting Pty Limited
Censor and Preceptor, Royal Australasian College of Medical Administrators

Dr David Everett MBBS, FRACP (PAED)
Director of Clinical Training, Women's and Children's Hospital
Senior Consultant Department of Paediatrics, Flinders Medical Centre

Dr Susan Sdrinis MBBS, MPH, MHSM, FRACMA
Senior Medical Advisor, Alfred Health

Dr Melanie Wyld BEc (First Class Hons), MBA, BMBS, MPH
Basic physician trainee, Royal Prince Alfred Hospital

Ms Sarah Vaughan
Manager, Prevocational Standards Accreditation, Australian Medical Council

Ms Ellana Rietdyk
Executive Assistant to the Deputy Chief Executive Officer, Australian Medical Council

Appendix Two Groups met by the 2016 AMC Team

Location	Meeting
ALICE SPRINGS, NT	
<i>Thursday 7 to Wednesday 8 July 2015 – Dr Jo Burnand, Ms Theanne Walters</i>	
Observation of NT METC accreditation visit to Alice Springs Hospital	Various meetings
TELECONFERENCE	
<i>Monday 6 June – Dr Jo Burnand, Dr David Everett, Ms Sarah Vaughan</i>	
Observation of NT METC Prevocational Accreditation Panel meeting	Chair Members
TELECONFERENCE	
<i>Thursday 9 June – Dr Jo Burnand, Dr Susan Sdrinis, Ms Sarah Vaughan</i>	
Observation of NT METC Prevocational Accreditation Committee meeting	Deputy Chair Members
TELECONFERENCES	
<i>Thursday 15 September – Dr David Everett, Dr Susan Sdrinis, Ms Sarah Vaughan</i>	
Teleconference	Director of Clinical Training, Central Alice Springs Health Service
Teleconference	Medical Education Officer
Location	Meeting
DARWIN, NT	
<i>Wednesday 28 September – Dr Jo Burnand, Dr David Everett, Dr Susan Sdrinis, Ms Sarah Vaughan, Ms Ellana Rietdyk</i>	
Senior staff	Executive Officer
Medical Advisory Committee	Acting Chief Health Officer, NT Department of Health and Executive Director of Medical Services, Top End Health Service Past Chief Medical Officer, NT Department of Health
Prevocational Accreditation Committee	Chair Members
Prevocational Accreditation Panel	Chair Member
Northern Territory Board of the Medical Board of Australia	Chair and Co-Head of Paediatric Department, Top End Health Service Manager
Junior doctors	Central Australia Health Service JMO Top End Health Service JMOs

Location	Meeting
NT METC staff	Executive Officer/Accreditation Manager Administrative Co-Ordinator Project Officer
NT Department of Health	Executive Director, Community Support, Education and Public Health Services
NT METC Director	Director
Director of Clinical Training	Director of Clinical Training, Top End Health Service
Directors of Medical Services	Executive Director of Medical Services, Top End Health Service Medical Administration Manager, Top End Health Service Executive Director of Medical Services, Central Australia Health Service
Director of Clinical Training	Co-Director of Clinical Training, Central Australia Health Service
<i>Thursday 29 September - Dr Jo Burnand, Dr David Everett, Dr Susan, Ms Sarah Vaughan, Ms Ellana Rietdyk</i>	
Prepare preliminary statement of findings	AMC Team
Present preliminary statement of findings	AMC Team Director Executive Officer

