

OFFICIAL

**SA MET HEALTH ADVISORY COUNCIL
DIRECTORS OF CLINICAL TRAINING
COMMITTEE**

Terms of Reference



PURPOSE

The South Australian Medical Education and Training Health Advisory Council (“the Advisory Council”) is accountable for improving the quality of education, training and welfare for prevocational doctors within the State and making recommendations for the accreditation of prevocational doctor positions in health services.

The Directors of Clinical Training Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on any aspect of the Advisory Council’s functions from the perspective of the Directors of Clinical Training employed in an incorporated hospital under the Health Care Act 2008.

The Directors of Clinical Training Committee recognises the funding agreement with the Australian Federal Government and bonding agreements for Directors of Clinical Training employed within regional training hubs and parallel rural training programs whereby the Director of Clinical Training may be employed by a University not an incorporated hospital.

Directors of Clinical Training are clinicians with direct responsibility for the training program for prevocational doctors within a network or facility. This includes training program structure, assessment, quality improvement and overall organisation and oversight of supervision.

REPORTING

The Directors of Clinical Training Committee will, through its Chair, report to the Advisory Council.

FUNCTIONS

The Directors of Clinical Training Committee will operate in a manner consistent with the Advisory Council rules and will undertake functions defined by those rules and as determined by the Advisory Council.

The functions of the Directors of Clinical Training Committee are to:

1. Provide leadership in prevocational postgraduate medical education and training in the State;
2. Promote and actively encourage innovation in prevocational postgraduate medical training and sharing of best practice;
3. Identify issues and concerns pertaining to prevocational postgraduate medical education and training and facilitate solutions;
4. Ensure issues and concerns raised by the Medical Education Officers representative are presented to the Advisory Council;
5. Identify professional development activities for Directors of Clinical Training, Executive Directors of Medical Services, Medical Education Officers and other staff in prevocational postgraduate medical education and training;
6. Provide support and mentorship to new Directors of Clinical Training;

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7. Develop advice on expanding capacity for prevocational postgraduate medical education and training;
8. Liaise with groups including the SA Medical Education and Training (SA MET) Unit, professional bodies, universities, professional colleges;
9. Promote and advocate on policies and procedures for prevocational postgraduate medical education and training;
10. Promote and advocate for welfare of prevocational doctors;
11. Provide updates on committee activities to the Advisory Council.

MEMBERSHIP

Members will be appointed for a three year term. Members have the option of being reappointed for a consecutive term. The membership of the Directors of Clinical Training Committee will be as follows:

- Chair of the Directors of Clinical Training Committee will be a member of the Advisory Council. The Directors of Clinical Training Committee Chair will be reviewed every two years.
- Directors of Clinical Training or equivalent employed in an incorporated hospital under the Health Care Act 2008 or under the funding agreement with the Australian Federal Government and bonding agreements for Directors of Clinical Training employed within regional training hubs and parallel rural training programs.
- Representative from Medical Education Officers subcommittee.

One Directors of Clinical Training Committee member will represent South Australia on the Australasian Directors of Clinical Training Committee (ADCTC). This representation will be reviewed every two years.

A membership vacancy may occur when:

- A member ceases to be a Director of Clinical Training.
- A member resigns by notice in writing to the Chair of the Directors of Clinical Training Committee.
- A member is absent for three or more consecutive meetings of the Committee without informing the SA MET Unit.
- A member fails to attend three meetings in a calendar year.

Responsibilities of members for communication

- **Conflict of Interest** – members must identify any real or perceived conflicts of interest and to withdraw from any discussion or decisions concerning such a matter. It is at the Chair's discretion whether a member with a conflict of interest remains in the meeting or not during discussion but the member must withdraw from any decision making vote.
- **Confidentiality** – proceedings of the committee are confidential and members must not disclose discussions or decisions unless there is explicit agreement during a meeting and noted in the minutes, that this is appropriate.

POWERS

The Directors of Clinical Training Committee has the power to:

- Seek advice from external experts;
- Co-opt members to the Committee as required;
- Establish working groups to perform activities relevant to its functions;
- Liaise and work with other Advisory Council Committees, Subcommittees and working groups;
- Consult appropriately in order to obtain information relevant to the functions of the Committee.

MEETING ARRANGEMENTS

The proceedings of the Directors of Clinical Training Committee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be at least 3 meetings in any 12 month period and these will be held at regular intervals.
- There will be a maximum time allocation of 2 hours for each meeting.
- The quorum is to constitute 50% of Members in attendance, plus one (+ 1). Material which has not been circulated in accordance with the Health Advisory Council rules may be tabled at meetings only for information or discussion and may only be voted on with approval of the Chair.
- In the event where a quorum is not reached due to member absences, following alternatives must be followed to ensure quorum and help to maintain effective committee operations and decision-making processes:
 - Proxy Members: Each member may nominate a proxy to attend in their place. This will ensure representation from each LHN at every meeting. Proxy members will be granted full membership rights, including the ability to vote on committee decisions as needed.
 - Deputy Members: In alignment with SA MET standards, each LHN should appoint a deputy member. Deputy members will have the same rights and responsibilities as the primary members.
- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Directors of Clinical Training Committee is to be put to the next meeting.
 - The Advisory Council members will be able to attend a meeting and have access via an online portal to the Committee's agenda and minutes (excepting where an Advisory Council Member may have a potential or actual conflict of interest).
 - The Advisory Council may provide administrative support to the Directors of Clinical Training Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed annually.

The DCT Committee will undertake an annual appraisal of its performance.

REVIEW DATE

Last Reviewed: September 2024

Next Review: September 2025