Psychiatry Training in NSW

Principles & Governance Documentation
Psychiatry Training in NSW

Principles

NOVEMBER 2011
The core principles that underpin all Health Education & Training Institute (HETI) training networks are:

- Patient safety and quality of care is paramount
- Equity of access to high quality care for patients through a well-trained and fairly distributed workforce
- Equity of access for trainees to excellent medical training for the medical workforce
- Medical training and workforce development is core business of Health Services
- Teaching and training are integral and rewarding parts of medical practice

There are five networks for basic psychiatry training and generalist advanced psychiatry training across NSW. These networks include rural, regional and metropolitan areas, and state-wide forensic mental health services.

For each of the seven Royal Australian & New Zealand College of Psychiatrists (RANZCP) accredited sub-specialties below, there is a state-wide network for advanced psychiatry training:

- Adult
- Child and Adolescent
- Consultation liaison
- Forensic
- Old Age
- Addiction
- Psychotherapy

The core principles have been applied to psychiatry training networks as below:

**Composition**
Each network will provide trainees with equitable access to the clinical experiences required to complete College training.

**Purpose**
The intention of a networked training structure is to optimise the quality of psychiatric training and ensure it is available within each network. The provision of high quality training is supported by the provision of Education Support Officer roles within each network.

**Accreditation**
Each hospital in a network receiving rotational trainees must be accredited for psychiatry training by the RANZCP, and should meet the College’s requirements as outlined within relevant policy documents.

**Rotations**
Trainees will rotate amongst sites in the networks as agreed on commencement of their employment. Trainees should be given as much notice as possible of rural or long-distance rotations.

**Term Allocation**
Trainees will be allocated to a range of terms that are training stage appropriate and promote the timely completion of Fellowship.
Flexibility
There should be flexibility for trainees to negotiate the timing of rural or long-distance rotations. This is overseen by the Network Governance Committee.

Scheduled Learning time
Trainees will attend formal education courses as required by the College; allocation of study time to complete these requirements will be supported as per the NSW Award.

Equity
The distribution of trainees, both between and within networks, is monitored by the Psychiatry State Training Council to ensure consistency with the core principle of equity.

Evaluation
Trainees provide formal feedback concerning the quality of supervision and training available within each term in each network. The de-identified feedback data is collated and presented to the Psychiatry State Training Council for consideration.

Education
In addition to formal education courses, workplace based training and educational sessions are provided for Psychiatry trainees across sites within each network. The main contacts for the delivery of this program in each network are the Network Director of Training, the Site Coordinator of Training, and the Education Support Officer.

Governance
Each network has a Network Governance Committee (NGC) that supports (“governs”) the efficient running of a training network in a fair and transparent manner. There is also state level governance through the Psychiatry State Training Council. The RANZCP Branch Training Committee (BTC) Chair is a member of the Psychiatry State Training Council. The RANZCP is responsible for setting the curricula and standards for training in psychiatry in NSW.

Accountability
The point of accountability for the delivery of training within each network is the Network Director of Training.

Reference documentation:
- Psychiatry Training in NSW: Principles for the delivery of the Psychiatry Training Program in NSW, July 2005 (Doc07/8246)
- Psychiatry Training in NSW: Governance & Process to support the delivery of the Psychiatry Training Program in NSW, September 2011 (Draft Doc11/9211)
Psychiatry Training in NSW

Governance, Structures & Processes

MARCH 2012
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1. Purpose of this document

The core principles that underpin all Health Education and Training Institute (HETI) training networks are:

- Patient safety and quality of care is paramount
- Equity of access to high quality care for patients through a well-trained and fairly distributed workforce
- Equity of access for trainees to excellent medical training for the medical workforce
- Medical training and workforce development is core business of health services
- Teaching and training are integral and rewarding parts of medical practice

HETI’s vision is to facilitate the maintenance of a competent and capable NSW workforce supporting excellent patient centred care.

This document provides guidance on governance and process for the psychiatry program in New South Wales taking into account the Royal Australian & New Zealand College of Psychiatrists’ (RANZCP) leading role in training psychiatrists. This document should be read in conjunction with guidance documentation from the RANZCP, and also the HETI 2011 Principles for the Delivery of Psychiatry Training in NSW.

Scope of this document

- Covers trainees who are PGY3 or above and are registered or intend to register for psychiatry training with the RANZCP
- Addresses the training and supervision needs of other doctors who form an integral part of the NSW mental health workforce including:
  - Junior Medical Officers (JMOs)
  - Career Medical Officers (CMO)
  - International Medical Graduates (IMG)
  - Specialist - International Medical Graduates (S-IMG)

The following areas are integral to achieving a robust psychiatry training program in NSW:

Oversight strategies

- At a statewide level the Psychiatry State Training Council (hosted by HETI) liaises with the RANZCP Branch Training Committee and these two groups have oversight responsibilities
- At a network level the Network Governance Committee (NGC) in each network has oversight responsibilities
- Amongst others, HETI supports the following educational positions in all five NSW Psychiatry networks:
  - Network Director of Training (NDoT)
  - Site Coordinator of Training (SCoT)

These two positions have oversight responsibilities at a local level in each network.

Administrative structures

- The Program Coordinator and Administrative Officer based at HETI provide policy and administrative support at a statewide level
- HETI supports the following educational positions in all five Psychiatry networks:
  - Education Support Officer (ESO)
  - Psychotherapy Educator (PE)
Psychotherapy Supervision (PS)
These positions provide administrative and educational support at a local and network level in each network.

Resources
HETI provides support to all five networks in the form of allocation of NSW Health funding for the educational positions mentioned above. The allocation of funding is discussed further in Part 4 ‘Reporting and Accountability.’ Governance of funding is the responsibility of the Local Health District holding the funds for the network. Reporting is required to HETI on expenditure of funds at a network level.

HETI also supports innovative education and training in NSW through the Psychiatry Education Support Fund to the value of $115,000 per annum.

General
Psychiatry training networks will be held accountable for good training standards for all Psychiatry trainees, JMOs, CMOs, IMGs and S-IMGs. Resources to aid this accountability include training programs in the Prevocational Networks, and the Hospital Skills Program.

In each network, in order to complement Psychiatry training and support trainees, ideally there should be in place:

- a dedicated JMO teaching program within Mental Health
- opportunities for trainees to work as Medical Education Registrars to support and mentor JMOs (dependent on network capability)
- an ongoing review of JMO term descriptions to ensure they are gaining opportunities to manage patients (in addition to clerking and dealing with patient medical issues on the wards)
- active participation of trainees, JMOs, CMOs, IMGs and S-IMGs in Prevocational Network committees
2. Short history of the Psychiatry Training Program in NSW

The Health Education and Training Institute (HETI) provides support at a state level to the RANZCP psychiatry training program in NSW to ensure that education and training is delivered at the highest standard in all Local Health Districts. HETI supports this process by providing structure, policy, and funding at a state level.

HETI’s mission statement is:
*To pursue excellence in health education and training across the NSW health system to increase staff competency and capability to improve patient outcomes and staff experience.*

The Psychiatry Networked Training Program began in 2005 and operated according to the 2005 Principles for the Delivery of the Psychiatry Networked Training Program in NSW. The State was separated into five Psychiatry training networks.

The five networks for basic psychiatry training and generalist advanced psychiatry training across NSW are listed below. These networks include rural, regional, and metropolitan areas, statewide forensic mental health specialty services, and the Sydney Children's Hospital Network (Children's Hospital Westmead and Sydney Children's Hospital). The five networks comprise:

- Hunter New England
- Northern Sydney Central Coast
- Sydney West Greater Southern
- South Eastern Sydney Illawarra
- Sydney South West North Coast

The statewide Justice Health & Forensic Mental Health Specialty Network, and the Sydney Children's Hospital Network interact with all five Psychiatry networks.

For each of the seven RANZCP-accredited sub-specialties below, there is a statewide network for advanced psychiatry training, with a statewide Director of Advanced Training:

- Adult
- Child and Adolescent
- Consultation Liaison
- Forensic
- Old Age
- Addiction
- Psychotherapy

There is also a State Director of Rural Psychiatry Training (0.1FTE) in charge of providing clinical leadership in the area of rural psychiatry training and expert advice to the PSTC and the NSW RANZCP Branch Training Committee (BTC). The incumbent is responsible for facilitating the efficient and effective delivery of psychiatry training in rural NSW within the PSTC area of responsibility. Liaison with a number of key groups and individuals is a critical part of this role.

Since its inception, the Psychiatry State Training Program in NSW has also administered an Education Support Fund through the Psychiatry State Training Council (PSTC). This fund supports successful applicants in running educational projects in psychiatry and related
areas over a 12 month timeframe. Further information can be found in Section 3 ‘Role of the PSTC Education Sub-Committee (ESC).’

In 2009, the Psychiatry Networked Training Program was reviewed by an independent and external panel of peers. The review was conducted in two phases (1. Review, preparation & Research, and 2. External Review) and aimed to assess:

1. The extent to which the psychiatry training network system has delivered the outcomes identified in the 2005 Principles for the Delivery of the Psychiatry Training Program in NSW.
2. The extent to which the governance system is effective and efficient.
3. The level of overall satisfaction with the networked system from a range of stakeholders.

The 2009 review considered the points below (and also any issues not otherwise covered that are considered pertinent to the delivery of Psychiatry training in NSW). Note that at the time, the Health Education and Training Institute was known as the Institute of Medical Education and Training (IMET):

- The NSW Psychiatry Training Network Structure Outcomes: The structure was an improvement to previous variability and there was no real need for change at the time of review.

- Network Governance
Outcomes: The Institute of Medical Education and Training (IMET) has developed enhanced resources that have led to more equitable support structures for trainees, especially in rural and outer metropolitan areas. It was also found that delivering the objectives outlined in the 2005 Principles document was restricted by a lack of accountability and participation by some of the key stakeholders.

- Workforce Issues
Outcomes: Most networks at the time of review were experiencing shortages which adversely affected both training and service delivery; however, those networks who had successfully implemented the new network structure and funding greatly benefited in both training outcomes and a more satisfied workforce. It was found that in order to fill the gap, large numbers of alternate workforce were recruited to fill both accredited and unaccredited positions; many of these doctors were then recruited onto the College training pathway.

- The Psychiatry Training Program
Outcomes: It was found that the breadth of training experiences balanced with service delivery could be improved across networks; that opportunities for trainees to undertake formal education off-site needs additional support; that supervision for trainees required a greater degree of accountability; and that opportunities for all trainees to complete Psychotherapy training were of great importance.
3. Organisational Chart & Roles

Role of the Health Education and Training Institute (HETI)

HETI's vision is to facilitate the maintenance of a competent and capable NSW workforce supporting excellent patient centred care. The HETI medical team is focused on maintaining excellence in medical training and patient care.

Safe, quality care for patients is the primary purpose of medical education and training. Patients should have access to high quality care through a well-trained and fairly distributed workforce. Trainees should receive high quality training and supervision wherever they are working. Education and training are core responsibilities of health services; education and training should be governed and managed as a core business responsibility. Training and supervision are integral parts of medical practice that should be encouraged, rewarded and supported within the system.

Role of the Psychiatry State Training Council (PSTC)

The PSTC promote and support high quality Psychiatry training in NSW and facilitates integration between basic and advanced Psychiatry training. The PSTC also oversees the effective functioning of the Psychiatry Network Governance Committees (NGC) and state committees for Subspecialist Advanced Training in Psychiatry, and oversees the implementation of the HETI Principles for Psychiatry Training in NSW. Terms of reference can be found at Appendix 1.

Role of the PSTC Education Sub-Committee (ESC)

Project applications to the Psychiatry Education Support Fund are assessed through the PSTC Education Sub-Committee. The ESC is responsible for administering the education support fund for training opportunities in Psychiatry (terms of reference can be found at Appendix 2). This fund can be used to support aspects of training for example, the development of formal education courses or educational coordination. The ESC is also responsible for providing advice to the PSTC on educational issues arising for Psychiatry.

Anyone may apply to the ESC for funds to support a 12 month educational project. Network Directors of Training may also apply to the ESC with proposals for use of the education support fund in training, and Network Governance Committees can apply to use this fund to support network training.

Role of the PSTC Trainee Representative/s (TSR)

The purpose of the PSTC Trainee Representative/s is to provide an important liaison between the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Australian and New Zealand Association of Psychiatrists in Training (ANZAPT), the PSTC, and training networks. The PSTC require a fair and equitable representation of trainees on the Psychiatry State Training Council. One trainee representative is required to be present at each PSTC meeting.
Role of the College (RANZCP)

“The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principle body accredited by the Australian and New Zealand Medical Councils to determine and oversee education, training, assessment and professional development programs in Australia and New Zealand. In conjunction with local employing services, it is also the body responsible for the selection and training of psychiatry trainees. The College is responsible for the assessment of trainees and for the accreditation of training posts and programs, and for the assessment of International Medical Graduates.”¹

Role of the NSW College Branch Training Committee (RANZCP)

The RANZCP Branch Training Committee is responsible for:
• Coordination, accreditation and ongoing monitoring of basic and advanced training at a regional level, in accordance with the RANZCP regulations
• Advertising for applications for entry into basic and advanced training (in partnership with employing bodies where applicable)
• Selection (and allocation where applicable) of basic and advanced trainees into the training program in accordance with the selection processes approved by the Committee for Training
• Consideration and determination of applications for accreditation of basic and advanced training posts
• Approval and training of RANZCP and Non-RANZCP supervisors of College trainees
• Coordination of basic and advanced training rotations (in partnership with employing bodies)
• Consideration of trainee applications for part-time training and breaks in training
• Make recommendations to the Committee for Training in relation to trainee status, in accordance with the ‘Maintenance of Trainee Status’ policy.²

Role of the Local Health District (LHD)

Local Health Districts have come about as a result of the NSW Government’s support for national health reform. As of July 2011, NSW is the first state in Australia to implement these new locally managed health districts. The Local Health Districts have been set-up in accordance with the National Health and Hospital Agreement.

The Health District Board and Chief Executive are responsible for:
• Improving local patient outcomes and responding to issues that arise throughout the Local Health District
• Monitoring the performance of the Local Health District against performance measures in the LHD Service Agreement
• Delivering services and performance standards within an agreed budget, based on annual strategic and operating plans. This forms the basis of the Local Health District Service Agreement
• Ensuring services are provided efficiently and accountably. Production of Annual Reports that are subject to State financial accountability and audit frameworks
• Maintaining effective communication with local and State public health stakeholders

¹ RANZCP Committee for Training. Standards for Accreditation of Training Programs. 2007
Role of a Psychiatry Network in reference to the LHD

All Psychiatry networks, except for Hunter New England, cross the boundaries of two or more Local Health Districts. The statewide Justice Health & Forensic Mental Health Specialist Network and the Sydney Children’s Hospital Network interact with all five Psychiatry networks.

<table>
<thead>
<tr>
<th>Psychiatry Network</th>
<th>Local Health Districts in each network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Sydney Central Coast</td>
<td>1. Northern Sydney</td>
</tr>
<tr>
<td></td>
<td>2. Central Coast</td>
</tr>
<tr>
<td></td>
<td>3. Far West</td>
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<tr>
<td></td>
<td>4. Western NSW</td>
</tr>
<tr>
<td>Sydney West and Greater Southern</td>
<td>1. Western Sydney</td>
</tr>
<tr>
<td></td>
<td>2. Murrumbidgee</td>
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<tr>
<td></td>
<td>3. Southern NSW</td>
</tr>
<tr>
<td></td>
<td>4. Nepean Blue Mountains</td>
</tr>
<tr>
<td>South Eastern Sydney Illawarra</td>
<td>1. South Eastern Sydney</td>
</tr>
<tr>
<td></td>
<td>2. Illawarra Shoalhaven</td>
</tr>
<tr>
<td></td>
<td>3. Northern NSW</td>
</tr>
<tr>
<td></td>
<td>4. Justice Health &amp; Forensic Mental Health Specialist Network &amp; St Vincent’s Health Network*</td>
</tr>
<tr>
<td>Sydney South West North Coast</td>
<td>1. South Western Sydney</td>
</tr>
<tr>
<td></td>
<td>2. Sydney</td>
</tr>
<tr>
<td></td>
<td>3. Mid North Coast</td>
</tr>
</tbody>
</table>

* These networks report to the South Eastern Sydney Illawarra Network, but interact with all five networks to provide opportunities for trainees to complete College training requirements. SESI is responsible for the accreditation of positions, supervisors, site visits, and basic trainees employed by each network.

Each network is required to manage the funding for educational positions in a transparent and equitable way. The network is accountable to HETI and is required to report bi-annually on the distribution of funds.

Role of the Network Governance Committee (NGC)

The Network Governance Committee in each of the five networks should complete the following:

- provide an opportunity for network stakeholders (trainees, JMOs, CMOs, IMGs, S-IMGs, Network Directors of Training, clinicians and relevant administrators) to participate actively in the governance of the training network
- provide a forum for discussion of ideas and strategies to improve and develop psychiatry training within the network and remedy identified deficiencies at a local level
- provide a locus of accountability for the delivery of psychiatry training within the network
- support the role of the Network Director of Training
- provide transparent and equitable network-level governance and management of psychiatry training
- liaise closely with the JMO Unit to improve both the numbers in and the quality of Post Graduate Year 1 and 2 rotations

Terms of reference for an NGC can be found at Appendix 3.
4. Reporting and Accountability

For Basic Training and Advanced Generalist Steam training, the following is required:

- A Network Director of Training (NDoT). This role will be funded at approximately a 0.5FTE Level 1 Staff Specialist. FTE will vary depending on numbers of trainees in each network
- A full-time Education Support Officer (ESO) to assist the NDoT in the organisation and administration of the Network Training Program

For Advanced Training, in each of the seven sub-specialties the following is required:

- A single State Director of Advanced Training for each of the sub-specialties (currently seven), funded through a managerial allowance or 0.1 FTE Level 1 Staff Specialty
- N.B. If an Advanced Training Program has no advanced trainee for a twelve month period then the position of State Director of Advanced Training will not be funded until there are trainees in the sub-specialty

Each Network has a Psychotherapy Educator appointed by the Network Director of Training. This role is approximately 0.4FTE or 2 hours per week per site, depending on network requirements. Funding is also provided to each network for trainees to gain access to Psychotherapy Supervision.

The Psychiatry State Training Council (PSTC) works towards improving the recruitment and retention of trainees by developing relevant partnerships to promote training in psychiatry. These partnerships involve: relevant NSW Universities, RANZCP, the Ministry of Health, Local Health Districts, the Institute of Psychiatry, and other relevant bodies.

Reporting lines

The provision of high quality training is recognised as a shared responsibility across the network. Where an issue remains unresolved after negotiation at a local level, the issue can be referred to the Network Governance Committee (NGC). An issue should only be referred to the NGC if there has been a serious but unsuccessful attempt to resolve it at a local level; evidence of this is required.

Resource Allocation

At the inception of the Psychiatry Networked Training Program in 2005, the allocation of funding per network was divided using an algorithm based on the headcount of accredited College trainees in each network; this method did not include alternate workforce, PGY1 or PGY2 positions. HETI is responsible for reporting to the Ministry of Health on the allocation of funds to the networks. The funding allocation to Psychiatry networks should be reviewed on a regular basis by the PSTC and/or HETI.
5. Key Positions

Chair, Psychiatry State Training Council

The Clinical Chair, NSW Psychiatry Training Program provides clinical leadership to the NSW Psychiatry State Training Council (PSTC) as Chair and expert advice to the Health Education and Training Institute (HETI).

The incumbent is responsible for ensuring transparent and sustainable governance of psychiatry training delivery in NSW and the oversight of the delivery of high quality training in the NSW Basic and Generalist Advanced Psychiatry Training Networks and Subspecialist Advanced Training programs.

HETI Program Coordinator

The HETI Program Coordinator supports the Psychiatry Networked Training Program from a strategic perspective offering advice and support to the State Training Council.

The incumbent is responsible for managing the operations of the program, reporting on progress, and working in partnership with key internal and external stakeholders. The incumbent also manages resources, both physical and financial to achieve required program and project objectives.

The Program Coordinator liaises closely with all Network Directors of Training and Education Support Officers to ensure transparency of communication across networks.

HETI Administrative Officer

The Administrative Officer supports the HETI Program Coordinator and Psychiatry State Training Council in logistical organisation and minute taking in meetings.

Network Director of Training (NDoT)

The Network Director of Training provides leadership and coordination of the delivery of training for the Network Training Program across all sites within the network. The NDoT supports the local Network Governance Committee through liaison with health service administrative staff, hospital director/supervisors of training, clinicians and trainees to ensure:

- standards of teaching and supervision meet where applicable the RANZCP training requirements, and that trainees contribute to the delivery of high quality care to patients at all sites in the network
- equitable distribution of trainees across the network
- that the functions described in “Principles for Psychiatry Training Networks” are carried out in the network

The NDoT provides advice to and reports to the Psychiatry State Training Council and the Network Governance Committee on the performance and outcomes relating to the operation of the network. The NDoT also manages the Education Support Officer (ESO) in the organisation of training and assists their liaison with Site Coordinators of Training to ensure quality of training and supervision at each site in the network. This position also contributes to HETI’s policy and discussions regarding the delivery of psychiatry training in NSW Health services, and represents the interests of the network. Further information on the role of the
NDoT from a College perspective is also available on the RANZCP website (www.ranzcp.org).

Education Support Officer (ESO)

The Education Support Officer is responsible for the development, coordination, and evaluation of the educational training program and activities. This position liaises closely with the Network Director of Training and the Site Coordinator/s of Training. The role also provides executive administrative support to the network governance structures and is a point of contact for internal and external requests for information.

Site Coordinator of Training (SCoT)

Each hospital in a Network has a Site Coordinator of Training. This position assists the Network Director of Training by providing guidance around development opportunities within the Networked Training Program. The SCoT also supports the local psychiatry trainees at site level through supporting the provision of an education program within their training site, and being responsible for trainee professional development (including the provision of appropriate clinical experience and supervision of the quality of trainees work, and including sufficient and professional orientation at the beginning of every trainee rotation). This position also reports to and participates in Network Governance Committee meetings.

Director of Advanced Training (DoAT)

Networks for Sub-Specialty Advanced Psychiatry Training in NSW are state-wide. Each of the seven advanced training networks has one State Director of Advanced Psychiatry Training who is responsible for the coordination of training. The DoAT provides leadership and coordination for Subspecialty Advanced Training in Psychiatry in NSW and ensures that all aspects of the training program run smoothly, and a high quality of training is maintained.

The State Director of Advanced Psychiatry Training works closely with the RANZCP and the Basic and Generalist Advanced Training networks to ensure the best delivery of the curriculum for trainees. This position is a 0.1FTE Level 1 Staff Specialist position; there is a State Director of Advanced Psychiatry Training in the following areas:

- Adult
- Child and Adolescent
- Consultation Liaison
- Forensic
- Old Age
- Addiction
- Psychotherapy

The incumbent of the position in each of these seven sub-specialty areas is responsible for ensuring that:

- training centres take responsibility for the professional development of advanced trainees including the provision of appropriate facilities, clinical experience and supervision of the quality of the trainees' work
- trainees have opportunities to make formal presentations of their work in clinical meetings
- consultant responsibility is taken for each trainee (that is, that there are clear lines of clinical responsibility from the trainee to the consultant at all times) and that the required level of supervision is provided
- that each trainee's rotational program provides all of the necessary experiences to complete training
- administrative structures are in place to support sub-specialty training across the state
• quality assurance measures are taken
• where possible, formal education courses are made available to advanced trainees

Psychotherapy Educator

The Psychotherapy Educator will have delegated responsibility for fostering development of high quality system of psychotherapy training integrated within the NSW Psychiatry Networked Training Program. The Psychotherapy Educator is the key staff member promoting high demonstrable standards of skill in psychotherapy in trainee psychiatrists.

This position reports directly to the Psychiatry Network Director of Training, and also has professional accountability to the Network Governance Committee. The Psychotherapy Educator has a liaison relationship with each of the Site Coordinators of Training.

The Psychotherapy Educator works closely with RANZCP supervisors and trainees across the Network by providing leadership, resources and advice.

Psychotherapy Supervision

Each of the five networks in the NSW Psychiatry Networked Training Program receives HETI funding to allow trainees access to psychotherapy supervision. Trainees should approach their Network Director of Training and the Education Support Officer regarding how to access this funding. It is likely that this funding will not cover all supervision required by any one individual trainee.
6. Governance Structures

Basic and Advanced Network Governance

Each network for Basic and Generalist Advanced Training will be governed by a local Network Governance Committee (NGC).

The NGC will contain relevant stakeholders including trainees, Site Coordinators of Training, the Network Director of Training and representatives from hospital administration: Director of Medical Services, Director of Workforce Development, and Director of Mental Health (or nominee).

The Terms of Reference of the Network Governance Committee are attached at Appendix 3.

The Chair of the NGC will be elected by the NGC. To avoid conflict of interest, the Network Director of Training should not hold this position. NGCs will meet each at least twice per term (minimum 4 meetings per year) and record minutes of these meetings. The minutes will be forwarded to the PSTC. The Chair, PSTC and the Program Coordinator will attend NGC meetings at least once per year.

The Network Director of Training is accountable to the PSTC, the College, and to their Director of Mental Health in their hosting LHD.

NSW Hospitals or sites not currently included in the NSW psychiatry training network proposal are not excluded from being considered to join a network. Any sites that wish to apply to be included in a network must hold accreditation with the RANZCP for psychiatry training.

These sites (public or private) should initially apply to the Network Governance Committee (NGC) with a funding and appropriate supervision and training arrangements proposal. Each site will be asked to provide information concerning workload, workforce numbers and available educational resources and infrastructure.

The NGC will consider the proposal and if supported at a network level, the NGC Chair will progress the application to the Psychiatry State Training Council (PSTC) for consideration.

The decision concerning the network to which the applicant hospital or site will be linked will be made by the PSTC, in consultation with the site involved, the NSW Branch Training Committee and the NGC. This decision will be based on principles aimed at ensuring equity between networks.

PSTC Governance

The Psychiatry State Training Council (PSTC) has been established to oversee and review state-level issues pertaining to the delivery of psychiatry training in NSW and the equitable distribution of trainees across the training networks. The PSTC is the oversight body for support of the Basic and Advanced Psychiatry Training Networks.

The PSTC will include relevant stakeholders including trainees, NDoT, State Directors of Advanced Training, State Coordinator of Rural Training, Representatives from Local Health District (LHD) administration, Department of Health, NSW Institute of Psychiatry, the RANZCP and HETI.
The Terms of Reference for the PSTC are attached (Appendix 1).

The PSTC and the RANZCP work together to ensure best practice across networks. To ensure transparency of information and good communication, the Chair of the PSTC is co-opted onto the NSW Branch Training Committee (RANZCP). The Chair of the NSW Branch Training Committee (RANZCP) is in-kind co-opted onto the PSTC.

The PSTC will provide advice to RANZCP or the relevant NGC if there is an issue of concern. The PSTC will support the actions of the RANZCP and NGC where able.

HETI Governance

The Clinical Education & Training Institute (HETI) is a statutory organisation falling under the umbrella of NSW Health. HETI evolved from a number of organisations listed below, bringing with it cumulative knowledge and experience:
- 1988 – 2004: Post Graduate Medical Council (PGMC)
- 2002 – 2004: Medical Training and Education Council (MTEC)
- 2005 – mid 2010: PGMC and MTEC merged to become the Institute of Medical Education & Training (IMET)
- mid 2010 – 2011: Clinical Education & Training Institute (HETI)
- 2012: Health Education & Training Institute (HETI)

HETI creates and supports sustainable frameworks for networked training in NSW, and also provides high level strategic advice to all networked training programs.

The State Training Councils are hosted by HETI, and educational positions in the networks are funded by HETI (Network Directors of Training, Education Support Officers, Site Coordinators of Training, and Psychotherapy Educators).

Each networked training program is supported by a HETI Program Coordinator, and a HETI Administrative Officer.

RANZCP Governance

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a company limited by guarantee.

The Australian and New Zealand College of Psychiatrists was incorporated on 28 October 1963 by The Australasian Association of Psychiatrists (founded in October 1946). The College was granted the prefix Royal on 9 May 1977 and celebrated its 50th anniversary in 1996.

The RANZCP is governed by its General Council, a democratically-elected Board of Directors which oversees a wide range of issues concerning the affairs and activities of the College, and is its supreme policy-making body.

The College comprises Branches in each State and Territory of Australia, and New Zealand. Its governance structure also includes Boards, Faculties, Sections and Special Interest Groups. All Fellows of the College may seek to change policy or to initiate new policy through the State, Territory and National Branches, Boards, Committees, Faculties and Sections of the College.3

3 [www.ranzcp.org](http://www.ranzcp.org): Home > About Us > Governance
7. Network Structures

Networks were established formally in 2005 in line with the principles outlined in the original 2005 Principles for the Delivery of the Psychiatry Training Program in NSW document, and reflected in the current Principles document.

| Psychiatry Training Network Composition (for Basic and Advanced Generalist training) |
|-----------------------------------------------|-----------------------------------------------|
| **NSW Psychiatry Training Networks**          |                                              |
| **Network**                                   | **LHD/s**                                     | **Hospitals**                                 |
| Network A                                     | Hunter New England                            | Armidale Hospital, Calvary Mater Newcastle, Forster Community Mental Health, Glen Innes Community Mental Health, Gunnedah Community Mental Health, Hunter Valley Community Mental Health, Hunter Valley Community Child & Adolescent Mental Health, Inverell Community Mental Health, John Hunter Hospital, James Fletcher Hospital, Lake Macquarie Community Mental Health, Lake Macquarie Community Child & Adolescent Mental Health, Maitland Hospital, Mater Hospital, Mental Health Centre, Moree Community Mental Health, Morisset Hospital, Manning Base Hospital, Taree, Narrabri Community Mental Health, Newcastle Community Mental Health, Newcastle Community Child & Adolescent Mental Health, Supported Recovery Hunter Valley, Supported Recovery Newcastle, Supported Recovery Lake Macquarie, Tamworth Base Hospital, Tenterfield Community Mental Health, Warners Bay Private Hospital, Justice Health & Forensic Mental Health Network* |
| Network B                                     | Northern Sydney, Central Coast, Far West, Western NSW | Bloomfield Hospital (Orange), Broken Hill Hospital, Brookvale Community Health Centre, Chatswood Community Mental Health Centre, Cremorne Community Health Centre, Dubbo Base Hospital, Gosford Hospital & Community Services, Greenwich Hospital, Hornsby & Ku-ring-gai Hospital & Community Health Services, Macquarie Hospital, Manly Hospital, Mona Vale Community Health Centre, Queenscliff Community Health Centre, Northside Clinic, Royal North Shore Hospital, Ryde Community Health Centre, Wyong Hospital & Community Services, Justice Health & Forensic Mental Health Network* |
### Network C
Sydney West Greater Southern (SWGS)
- Western Sydney
- Murrumbidgee
- Southern NSW
- Nepean Blue Mountains

Aboriginal Medical Service Western Sydney
Albury Hospital
Blacktown Hospital
Blacktown & Mt Druitt Community Health Services
Blue Mountains Hospital
Cumberland Hospital
Goulburn Base Hospital
Leeton Medical Centre
Nepean Hospital
Nepean Child & Youth Community Mental Health
St Joseph’s Hospital
St John of God, Richmond
The Children's Hospital at Westmead
Wagga Wagga Base Hospital
Westmead Hospital
Justice Health & Forensic Mental Health Network*

### Network D
South Eastern Sydney Illawarra (SESI)
- South Eastern Sydney
- Illawarra Shoalhaven
- Northern NSW

Lismore Base Hospital
Shoalhaven Hospital
Prince of Wales Hospital
Royal Hospital for Women
Shellharbour Hospital
St George Hospital
St Vincent's Hospital
Sutherland Hospital
Sydney Children's Hospital, Randwick
Tweed Heads Hospital
Wesley Private Hospital Kogarah
Wollongong Hospital
Justice Health & Forensic Mental Health Network

* The Justice Health & Forensic Mental Health Specialist Network reports to the SESI Network.

### Network E
Sydney South West North Coast (SSWNC)
- South Western Sydney
- Sydney
- Mid North Coast

Balmain Hospital
Bankstown Hospital
Braeside Hospital
Bowral Hospital
Campbelltown Hospital
Camperdown Community Health Centre
Canterbury Community Health Centre
Canterbury Hospital
Coffs Harbour Hospital
Concord Centre for Mental Health
Concord Repatriation General Hospital
Croydon Community Health Centre
Fairfield Community Health Centre
Kempsey Hospital
Liverpool Hospital
Marrickville Community Health Centre
Rivendell Adolescent Unit
Redfern Community Health Centre
Royal Prince Alfred Hospital
Port Macquarie Hospital
Justice Health & Forensic Mental Health Network*

* The Justice Health & Forensic Mental Health Specialist Network reports to the SESI Network.

### 8. Evaluation

The network principles document and the governance and process document will be reviewed every five years by the PSTC, in consultation with the key stakeholders. This review will include: the composition of the networks, the effectiveness of networks, the teaching and training programs available, and the role of the PSTC.
Terms of Reference

NSW Psychiatry State Training Council (PSTC)

PURPOSE
• To promote and support high quality Psychiatry training in NSW
• To oversee the effective functioning of the Psychiatry Network Governance Committees (NGC) and state committees for Subspecialist Advanced Training in Psychiatry
• To oversee the implementation of the HETI Principles for Psychiatry Training in NSW

FUNCTIONS
Advisory functions:
1. Developing policy and providing strategic direction regarding the delivery and administration of Psychiatry education and training in NSW hospitals, in relation to:
   o standards required for Psychiatry trainees
   o workforce issues
   o educational and administrative support
   o resourcing requirements
2. Provide advice, as required, on the workforce requirements for basic and advanced Psychiatry trainees across the state and for each training network.
3. Act as a forum for the discussion of issues at the service delivery/training interface.
4. Advocate for Psychiatry trainees, and seek solutions to important issues raised by Psychiatry trainees.
5. Advise prevocational training network representatives on matters pertaining to the improvement and maintenance of prevocational rotations in psychiatry, and their support.

Operational Functions:
6. Liaise with the Basic and Advanced Psychiatry Training Networks. This will involve regular face-to-face meetings with each network to discuss emerging issues and opportunities for improving the effectiveness of the training delivery and governance within the Networks.
7. Monitor the composition of the Psychiatry Training Networks in NSW, and approve changes to the Psychiatry Training Networks as required (in consultation with NSW Health and the hospitals involved).
8. Monitor trainee numbers and their distribution across the Psychiatry Training Networks, and advise on the number and distribution of trainees, and workforce requirements, where relevant.
9. In conjunction with the Royal Australian and New Zealand College of Psychiatrists (RANZCP), NSW Health and Local Health Districts, oversee the administration of training in networks and across the state, ensuring that relevant NSW Health/Local Health Districts/HETI policies or guidelines and College accreditation standards are adhered to.
10. Monitor expenditure of Psychiatry training network funding, and approve changes to allocations proposed by the networks and supported by the relevant Local Health District, in accordance with funding policies determined by NSW Health and/or the HETI as appropriate.
11. Responsible for decisions regarding expenditure of special purpose funds, eg the Psychiatry Education Support Fund, as delegated by the HETI Chief Executive.
12. Make recommendations to and advise HETI Chief Executive on proposed changes to funding allocations, as required.
13. Oversee the Psychiatry Network Governance Committees (NGCs) and state committees for Subspecialist Advanced Training.
15. Review matters referred by the Psychiatry NGCs, trainees (including the Australia and New Zealand Association of Psychiatrists in Training (ANZAPT), and PSTC Trainee Representatives), the NSW RANZCP Branch Training Committee (BTC), the Mental Health, Drug and Alcohol Office, and other bodies as appropriate.

16. PSTC decisions on all matters are accountable to the General Manager, HETI and Chief Executive, HETI

17. Representatives of PSTC will meet formally with each Psychiatry NGC for Basic and General Advanced networks at least once a year at dates to be specified in advance by the PSTC.

18. The PSTC will meet with State Committees for Subspecialist Advanced Training as appropriate.

19. The PSTC Chair formally represents the PSTC at the NSW RANZCP Branch Training Committee meetings.

20. The PSTC may also choose to meet with Psychiatry groups as appropriate.

MODUS OPERANDI

<table>
<thead>
<tr>
<th>Chair:</th>
<th>Dr Murray Wright</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>Five meetings per year</td>
</tr>
</tbody>
</table>

**Secretariat:**
Secretariat support will be provided by HETI, Medical Directorate.

**Secretariat support will include:**
- Scheduling of Meetings
- Booking Venues
- Agenda Setting and Distribution in a timely manner
- Distribution and follow up on meeting actions and outcomes
- Communication and distribution of information to members
- Ensure relevant reporting of meetings/committees minutes are included in the monthly agenda and papers
- Maintain committee documentation in TRIM
- End of year closure of meeting documents for governance reviews

<table>
<thead>
<tr>
<th>Venue:</th>
<th>HETI, Building 12, Gladesville Hospital</th>
</tr>
</thead>
</table>

**Agenda, Minutes and Papers:**
To be distributed to members 1 week prior to meeting date
Minutes and Actions (where appropriate) to be finalised and distributed within 14 days.

**Reporting Responsibility:**
- The PSTC reports to HETI CE through the General Manager, HETI.
- Annual Report to HETI Chief Executive.
- Meetings with HETI Medical Directorate as required.

<table>
<thead>
<tr>
<th>Delegated Authority:</th>
<th>Nil</th>
</tr>
</thead>
</table>

**Membership:**
- Chair is initially appointed by the Head, Medical Directorate (HETI) for two years with a possibility of extension.
- All other members are appointed, as representatives of their respective representing body, for a period of 3 years, with extension by agreement.
- Trainees are recruited for a period of 1 year, with extension by agreement.
- The Committee will have representatives from the following areas in its membership:

<table>
<thead>
<tr>
<th>Representing Body:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSTC Chair (HETI)</td>
</tr>
<tr>
<td>RANZCP NSW Branch Training Committee</td>
</tr>
<tr>
<td>Director of Medical Services</td>
</tr>
<tr>
<td>Institute of Psychiatry</td>
</tr>
<tr>
<td>Rural Supervisor</td>
</tr>
<tr>
<td>State Director of Subspecialty Advanced Training</td>
</tr>
<tr>
<td>State Director of Subspecialty Advanced Training (co-opted)</td>
</tr>
<tr>
<td>Mental Health Drug &amp; Alcohol Office</td>
</tr>
<tr>
<td>Director of Mental Health (rural)</td>
</tr>
<tr>
<td>Director of Mental Health (metro)</td>
</tr>
<tr>
<td>Ministry of Health</td>
</tr>
<tr>
<td>HETI representative</td>
</tr>
<tr>
<td>Network Director of Training</td>
</tr>
<tr>
<td>Network Director of Training (co-opted)</td>
</tr>
<tr>
<td>Justice Health &amp; Forensic Mental Health representative</td>
</tr>
<tr>
<td>Trainee representative</td>
</tr>
<tr>
<td>S-IMG representative</td>
</tr>
</tbody>
</table>

**Attendance expectation:**
PSTC has a 70% attendance expectation.

**Member responsibilities:**
- Communicate to and from the representing body
- Actively participate in the PSTC
- Represent the interest of the PSTC
- Participate in other working parties/committees as required
- Assist in the development of relationships with partners
- Disclose interests that may impinge on the exercise of duties as a PSTC member

**Sub-Committees:**

**Education Sub-Committee (ESC):**
- Provide expert advice to the PSTC on education matters identified in the PSTC Strategic Plan or as raised by the PSTC.
- Oversee the development and implementation of Psychiatry Education Support Fund policy and procedure.
- ESC will adhere to HETI’s principles for the delivery of education and training in NSW.

**Complaints/ Appeals Process:**
To be taken up with the Chair in the first instance, then to the Head, Medical Directorate (HETI) and finally with the Chief Executive, HETI.

**Quorum:**
50% of membership plus 1

**TOR Review Frequency:**
Annually

**Endorsed by:**
PSTC
Date of last endorsement: December 2011
Date of next review: December 2012
Terms of Reference

PSYCHIATRY STATE TRAINING COUNCIL: EDUCATION SUB-COMMITTEE

PURPOSE

The Committee will provide expert advice to the Psychiatry State Training Council (PSTC) and the Health Education and Training Institute (HETI) on education matters identified in the Psychiatry PSTC Strategic Plan or as raised by the PSTC.

The Committee will oversee the development and implementation of PSTC’s Education Support Fund policy and procedure.

The Committee will adhere to HETI’s principles for the delivery of education and training in NSW.

FUNCTIONS

Operational Functions:

1. Ongoing management of the Psychiatry Education Support Fund policy’s implementation, including but not limited to:
   - Approval of courses and expenditure as delegated
   - Review and update of policy and procedure
   - Management of submissions from external providers

2. Develop policy and procedure which includes but is not limited to:
   - Psychiatry Education Support Fund
   - Development and management of courses or workshops supported by the Psychiatry Education Support Fund
   - Developing policy to ensure comprehensive integrated Psychiatry education across training networks

3. Evaluation of the Psychiatry Education Support Fund activities.

4. Provide advice to the PSTC on educational issues as they arise.

5. Authority is delegated by HETI Psychiatry State Training Council.

MODUS OPERANDI

<table>
<thead>
<tr>
<th>Chair:</th>
<th>Dr Michael Bowden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Secretariat:</td>
<td>Secretariat support will be provided by HETI, Medical Directorate.</td>
</tr>
</tbody>
</table>

**Secretariat support will include:**

- Scheduling of Meetings
- Booking Venues
- Agenda Setting and Distribution in a timely manner
- Distribution and follow up on meeting actions and outcomes
- Communication and distribution of information to members
- Ensure relevant reporting of meetings/committees minutes are included in the monthly agenda and
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<thead>
<tr>
<th><strong>Venue:</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Agenda, Minutes and Papers:</strong></td>
<td>To be distributed to members 1 week prior to meeting date Minutes and Actions (where appropriate) to be finalised and distributed within 14 days.</td>
</tr>
<tr>
<td><strong>Reporting Responsibility:</strong></td>
<td>The Committee reports to the Psychiatry State Training Council.</td>
</tr>
<tr>
<td><strong>Delegated Responsibility:</strong></td>
<td>Nil</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>The Chair and all other members are initially appointed for a period of 2 years with a possibility of extension for another year.</td>
</tr>
<tr>
<td><strong>Representation</strong></td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>NSW Institute of Psychiatry Representative</td>
</tr>
<tr>
<td></td>
<td>Hunter New England Training Representative</td>
</tr>
<tr>
<td></td>
<td>Network Director of Training</td>
</tr>
<tr>
<td></td>
<td>Trainee Representative</td>
</tr>
<tr>
<td></td>
<td>HETI Representative</td>
</tr>
<tr>
<td><strong>Quorum:</strong></td>
<td>50% of membership plus 1</td>
</tr>
<tr>
<td><strong>TOR Review Frequency:</strong></td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Originally endorsed by the PSTC: 25 March 2010</td>
</tr>
<tr>
<td></td>
<td>Date of last endorsement: December 2011</td>
</tr>
<tr>
<td></td>
<td>Date of next review: December 2012</td>
</tr>
</tbody>
</table>
Terms of Reference

NETWORK GOVERNANCE COMMITTEE (NGC)
Psychiatry

PURPOSE
The purpose of the Network Governance Committee (NGC) is to ensure safe, high quality training for Basic and Advanced Psychiatry trainees through good governance and management of the network and its training program.

The NGC’s role is:
• To provide an opportunity for network stakeholders (trainees, Network Director/s of Training (NDOT), clinicians and relevant administrators) to participate actively in the governance of the training network
• To provide a forum for discussion of ideas and strategies to improve and develop psychiatry training within the network and remedy identified deficiencies at a local level
• To provide a locus of availability for the delivery of psychiatry training within the network
• To support the role of the Network Director of Training
• To provide transparent and equitable network-level governance and management of psychiatry training
• To provide a communication and accountability point between the networks and the PSTC

FUNCTIONS
• The NGC is responsible for developing and documenting a network training program, in accordance with the criteria set by the Psychiatry State Training Council (PSTC)
• The NGC is responsible for overseeing the implementation of the training program and ensuring that the PSTC and RANZCP regulations are adhered to. It is the responsibility of the NGC to support and implement the training program through all sites within the network
• The NGC is responsible for overseeing the provision of an education program and support for non-psychiatry registrars, including International Medical Graduates (IMGs), Career Medical Officers (CMOs) and Specialist International Medical Graduates (S-IMGs)
• The NGC is responsible for developing and documenting network policies and procedures, in accordance with the criteria set by the PSTC
• It is the joint responsibility of the NGC and relevant health services to maintain and improve the quality of psychiatry training within the network and to ensure that sites throughout the network adhere to PSTC and RANZCP guidelines and regulations
• It is the joint responsibility of the NGC and relevant mental health services to ensure that appropriate physical amenities and accommodation are provided to trainees
• The NGC will ensure that consultant responsibility is taken for each trainee and that the RANZCP required level of supervision is provided
• The NGC is responsible for trainee development, including the provision of appropriate clinical experience and supervision
- The NGC will ensure that all trainees, CMOs, IMGs, S-IMGs, PGY1s, and PGY2s are afforded equitable access to learning opportunities
- The NGC will stay informed about relevant RANZCP policies regarding training and examinations, and ensure that any policy changes are communicated and implemented, where appropriate

**RECRUITMENT & WORKFORCE**
- The NGC will be responsible for monitoring and supporting recruitment of Medical Officers to vacancies within the network
- The NGC has a role in identifying and outlining strategies aimed at enhancing the attractiveness of psychiatry training and improving recruitment at network level
- The NGC should provide formal advice to the PSTC if broader state-level initiatives are required
- The NGC is responsible for ensuring that the distribution of trainees within the network accords with the PSTC guidelines as outlined in the Principles for the Delivery of Psychiatry Training in NSW
- NGC will work in collaboration with the State Directors of Subspecialty Advanced Training to ensure availability of Advanced Subspecialty posts within the network

**APPEALS**
- In instances when there is ongoing concern that a training site within the network is unable to fulfil set requirements for training (i.e. supervision as per the RANZCP regulations), it is the responsibility of the NGC to advise the PSTC as soon as possible
- Where an issue is unable to be resolved within the NGC, the matter will be referred to the PSTC for consideration. Certain matters may be dealt with ‘out of session’ by the Chair, and reported to the PSTC

**MODUS OPERANDI**

<table>
<thead>
<tr>
<th>Chair:</th>
<th>Network Appointment – should not be the Network Director of Training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>At least twice per training term (minimum 4 per annum)</td>
</tr>
<tr>
<td>Secretariat:</td>
<td>Secretariat support will be provided by the Psychiatry Education Support Officer in each network.</td>
</tr>
</tbody>
</table>

Secretariat support will include:
- Scheduling of Meetings
- Booking Venues
- Agenda Setting and Distribution in a timely manner
- Distribution and follow up on meeting actions and outcomes
- Communication and distribution of information to members and to the PSTC
- Ensure relevant reporting meetings/committees minutes are included in the monthly agenda and papers
- Maintain committee documentation
- End of year closure of meeting documents for governance reviews

<p>| Venue:       | Network specific                                                      |</p>
<table>
<thead>
<tr>
<th><strong>Agenda, Minutes and Papers:</strong></th>
<th>To be distributed to members 1 week prior to meeting date. Minutes and Actions to be finalised and distributed 3 days after each meeting. Minutes will be forwarded to the PSTC as part of the formal communication mechanism. Representatives from the PSTC (the Chair and Program Coordinator) will attend each NGC at least once a year at dates to be specified in advance by the PSTC.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reporting Responsibility:</strong></td>
<td>The NGC will provide an annual report to HETI and the PSTC by May of each year containing the following: 1. A report on each network’s training program. 2. Workforce numbers, trainee distribution and vacancy rates. 3. Financial report from each network. 4. Examination results in the Written and Clinical exams for each network and nationally for basic training, and the number of advanced trainees that complete advanced training</td>
</tr>
<tr>
<td><strong>Responsibilities of NGC members:</strong></td>
<td>• Formal communication with the nominating organisation / department / site in respect of matters under consideration and issues arising. • Formal communication of issues from the nominating organisation / department / site to the NGC. • Review of documents as requested by the Chair. • Identification and management of risks relevant to the successful delivery of psychiatry training within the network. • Participation in working parties as requested by the NGC.</td>
</tr>
<tr>
<td><strong>Delegation of Authority:</strong></td>
<td>Authority is delegated to the NGC by the Chair of the PSTC by resolution of a majority of members, on: • The allocation of Basic and Generalist Advanced psychiatry trainees to psychiatry registrar terms within the network. • Resolution of issues raised by trainees, clinicians or institutions within the network in respect of the quality of training or the appropriateness of supervision at sites within the network. • The number of positions per network. • The expenditure of funds allocated to the network. • The referral of matters requiring arbitration by the PSTC • Appointment of the NGC Chair • Appointment of new members to fill specified positions in the NGC</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>The NGC will comprise: • The Chair, Network Governance Committee • The Network Director of Training</td>
</tr>
</tbody>
</table>
- A Site Coordinator of Training (SCoT) from each network hospital
- 2 Basic and 1 General Advanced psychiatry trainee representatives
- The Director of Mental Health
- 2 Directors of Medical Services (or equivalent) from sites within the network
- A Director of Workforce Development (or equivalent)
- The Psychotherapy Educator
- State Directors of Subspecialty Advanced Training (ex-officio members)
- State Director of Rural Training (ex-officio member)

All Local Health Districts within the network must be represented on the committee by one or more of the above members.

Other members co-opted as required.

<table>
<thead>
<tr>
<th>Quorum:</th>
<th>50% of membership plus 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOR Review</td>
<td>Annually</td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
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</tbody>
</table>