

Document Number:

CRMEC Policy 1

Document Name:

Terms of Reference for CRMEC

Establishment

The Canberra Region Medical Education Council (CRMEC) has been established by the Minister for Health as an independent Ministerial Management Council.

The CRMEC is accredited by the Australian Medical Council as the body responsible for accrediting prevocational medical training in the ACT and linked regional network that includes facilities in Southern NSW Local Health District.

Role

To act as a Postgraduate* Medical Council to:

- Perform accreditation functions of the prevocational (i.e., PGY1/intern and PGY2/resident) training program delivered in facilities within the ACT and linked regional network.
- Provide expert advice to the Minister for Health regarding the quality of education, training and welfare for junior medical officers within the ACT and regional network.

**Postgraduate refers to doctors who have completed a medical degree.*

Functions

The Ministerial Council undertakes:

- Accreditation and monitoring of individual prevocational training terms and the clinical units, facilities and networks that support them using the national prevocational training standards, with a focus on:
 - Ensuring the prevocational education and training program delivered in the ACT and linked regional network meets the requirements published by the Australian Medical Council
 - Ensuring individual prevocational training terms delivered in the region meet the requirements published by the Australian Medical Council
 - Advising on the suitability of prevocational training terms in the ACT
 - Notifying to the ACT Board of the Medical Board of Australia of the CRMEC's endorsement or otherwise in relation to accreditation of prevocational training.
- Advisory functions to the Minister for Health and Executives within ACT Health Directorate on matters relating to postgraduate medical education and training and the accreditation of prevocational medical training.
- Leadership in postgraduate medical education and training in the ACT and linked regional network.
- Identification and promotion of medical education and training for junior doctors and their educators, in conjunction with key stakeholders.
- Promotion and active encouragement of innovation in postgraduate medical training.

- Development of linkages and agreements with relevant stakeholders to:
 - Provide a continuum of learning
 - Foster sharing of expertise and information and minimise duplication of workload on health services that is associated with multiple accreditation processes.
- Establishment and promotion of partnerships with relevant national and jurisdictional organisations.
- Receipt of feedback from junior doctors regarding relevant safety and quality matters, and investigation of issues falling under the remit of the Council.
- Advocacy related to postgraduate education, training, safety and welfare issues.

Sub-committees

The Chair, with the agreement of members, may form sub-committees/working groups to consider particular issues, having regard to the need for relevant expertise and a balance of views.

Core and Ex-officio Membership

- Membership of the Ministerial Council will comprise of people appointed by the Minister for Health.
- The Ministerial Council will include 9–12 core members (including the Chair and Deputy Chair) covering the following areas of knowledge and expertise:
 - Consumer advocacy
 - Doctor-in-training advocacy
 - Medical administration and accreditation
 - Medical education, training and supervision
 - The ACT health sector and community
 - Rural health sector
 - Indigenous health
- Members of the Ministerial Council will be recruited through an Expression of Interest process consistent with the principles outlined in *Governance Principles: Appointments, Boards and Committees in the ACT (2021)*.
- Membership will be for a term of up to four years (or as stated in the appointment letter) and members will be eligible for reappointment consistent with the principles outlined in *Governance Principles: Appointments, Boards and Committees in the ACT (2021)*.
- The Ministerial Council will endeavour to maintain at least three doctors in training (i.e., intern to registrar level) as core members.
- The Ministerial Council will endeavour to maintain at least one consumer representative as a core member.
- The Ministerial Council will endeavour to maintain at least one Indigenous representative as a core member.
- The Ministerial Council will also endeavour to include ex-officio members in the following categories:
 - A Medical Education Advisor with expertise in graduate and postgraduate medical education.
 - An intern (PGY1) from the ACT training region.
 - AN RMO (PGY2) from the ACT training region.
- The Council will invite a regular report from the JMO Forum Chair.

Reporting mechanism

The CRMEC reports to the Minister for Health annually on its activities.

The CRMEC reports annually to the Director-General, ACT Health Directorate via its report to the Minister. Extraordinary reports are prepared if a topic of significance for the Minister or Directorate arises.

Resigning from Council

Membership may be relinquished at any time by a member by notice in writing to the Minister for Health and the Chair. Ex-officio members may relinquish their position at any time in writing to the CRMEC Chair.

Conduct

Committee members are expected to observe the highest standards of ethical conduct, as outlined in *Governance Principles: Appointments, Boards and Committees in the ACT (2021)* and *Public Sector Conduct* (Section 9 of the Public Sector Management Act 1994), including honesty, courtesy and fairness. Membership may be terminated for a breach of the code of conduct or a conflict of interest, or failure to attend three or more meetings per year without advising the Chair.

Council members are bound by confidentiality. Completion of a *Declaration of Confidentiality* is a requirement before core or ex-officio members or invited attendees can receive Council business or attend Council meetings.

Council members are bound by a requirement to declare all actual and perceived conflicts of interest, as outlined in the *CRMEC Conflict of Interest Policy*.

Quorum

Quorum for meetings will be 50% of membership + 1, including either the Chair or Deputy Chair and excluding the Secretariat, ex-officio members or invited attendees.

Voting on formal decisions may be received via email response sent directly to the Chair and/or Secretariat if a core member is unable to attend a meeting in person. No proxy may be nominated.

Chair and Deputy Chair

The Chair will be appointed by the Minister for Health.

The Deputy Chair will be appointed by the CRMEC.

Secretariat

Secretariat functions will be provided by ACT Health Directorate. The Secretariat will:

- Maintain and circulate an agenda, meeting minutes and action statement prior to each meeting.
- Maintain and circulate a record of significant communications, consultations, out-of-session decisions and meetings.
- Maintain records consistent with the requirements of the ACT Public Service.
- Manage recruitment and selection processes for CRMEC membership consistent with requirements for ACT Boards and Committees.

Agenda Requests

Requests for agenda items and any accompanying papers are to be received by the Secretariat two weeks prior to the meeting. Papers will be circulated approximately one week prior to the meeting.

Meeting Frequency

The Ministerial Council will endeavour to meet at least four times per year. Out-of-session meetings will be proposed by the Chair or Secretariat as required. Out-of-session discussion and/or Council decisions via email will be requested by the Chair or Secretariat as required.

Relevant Policies and Relevant Guidance

- CRMEC Governance Structure
- ACT Public Service *Code of Conduct*. Available: [Conflict of Interest Policy \(act.gov.au\)](#)
- ACT Government: Governance Principles: Appointments: Boards and Committees in the ACT (2021) Available: https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0004/1045984/Governance-Principles-Appointments,-Boards-and-Committees-2021-FINAL-VERSION.pdf
- CRMEC position descriptions
- Policy 04: Conflict of Interest
- CRMEC Form 11: Conflict of Interest Form

Version Control

The CRMEC Terms of Reference will be reviewed every four years (or as required). The CRMEC Secretariat will undertake a review of the Council's function against requirements for ACT Boards and Committees every four years (or as requested by the ACT Public Service).

Date	Version	Updated by	Approved/ reviewed by	Changes made
Feb 2015	1.0	Manager	CRMEC	
Dec 2016	2.0	Manager	CRMEC	Meeting frequency updated
July 2017	2.1	Admin staff	Director	Title of Minister updated
Sept 2018	3.0	Manager	CRMEC	Removed Chair term duration
Nov 2018	4.0	Director	CRMEC	Removed SAMET representative from the Board
March 2020	5.0	Director	CRMEC	Adjustments reflecting ACT Health structural changes, changes to the representation on the Council, addition of recruitment processes and updated associated documents referred to in the TOR.
June 2020	5.1	Admin staff	Director	Layout
October 2021	5.2	Director	Chair	Ensure consistency with Ministerial Committee recruitment processes and new CRMEC organisation structure. Updated terminology. Added OOS voting and removed proxy options.
October 2022	5.3	Admin staff	Director	Update terminology to refer to prevocational framework, consistent with new AMC training framework. Removed specification of one year term for ex-officio positions. Duration is dependent on classification and included in appointment letter. Added CRMEC accreditation by AMC to establishment.
December 2022	6.0	Chair and Director	Minister	Revision of length of term served by representatives, with JMO representatives to be consistent with other members (i.e. removal of clause for 2 year term). Update of ex-officio representation arrangements. Update Secretariat functions and document review. Added cross reference to other relevant documents.
Feb 2023	6.1	Director	Chair	Review for consistency with new national Prevocational Framework, new template
March 2024	6.2	Director	Minister	Addition of Indigenous health in CRMEC expertise and Indigenous representation