

MEDSAC Clinical Governance Committee Member - Role Outline (September 2026)

MEDSAC is a Charitable Trust whose purpose is to support clinicians and allied professionals to improve the well-being of all people affected by sexual harm and abuse and to lead the sector in best practice through advocacy. The Trust Deed establishing MEDSAC has set out a range of charitable purposes that provides further clarity to the Board.

Role of the Clinical Governance Committee

The purpose of the Clinical Governance Committee is to provide objective clinical governance advice, oversight and assurance to the MEDSAC Board regarding clinical quality, workforce sustainability, education frameworks, accreditation systems, clinical risk and emerging issues affecting Sexual Abuse Assessment and Treatment Services (SAATS) and Non-Fatal Strangulation/Suffocation Assessment Services (NFSSAS). The Committee does not undertake operational management activities, which remain the responsibility of management, working groups and contractors.

Role of the Clinical Governance Committee Members

The Committee members will be appointed on a skills basis to ensure the Committee collectively has the capabilities and perspectives required to fulfil its responsibilities under the Terms of Reference. The Clinical Governance Committee is responsible for the following and reporting to the Board on these:

- a) Provide advice to the Board to ensure that MEDSAC's work enables a sustainable pipeline of qualified and experienced clinicians across SAATS and NFSSAS contracted services nationally.
- b) Review and recommend clinical policies, standards and frameworks for Board approval, and provide advice on any significant clinical considerations arising from their development or review.
- c) Provide advice to the Board on any changes required to the SAATS and NFSSAS service specifications and delivery frameworks.
- d) Provide oversight of education and training quality assurance processes, ensuring agreed standards are met and informing improvements where required.
- e) Provide advice to the Board on priorities for education and training, accreditation and mentoring pathways, and on the strategic direction of education, training and accreditation systems to guide the development of new modules to meet emerging needs.
- f) Monitor trends and developments within the SAATS/NFSSAS sector and identify emerging areas of clinical risk, workforce challenge and long-term sustainability for Board consideration.
- g) Provide clinical advice and insight to inform MEDSAC's strategic priorities and ensure appropriate clinical perspectives are considered in strategic decision-making.
- h) Provide strategic advice on clinical priorities and emerging issues to inform MEDSAC's education and events programmes.

- i) Review information relating to clinical quality, workforce capability, accreditation, education and training, and contractual performance, and provide assurance and advice to the Board regarding emerging issues, trends, risks and opportunities for improvement.
- j) Receive and review reports on significant clinical incidents, complaints, emerging practice issues, or systemic quality concerns that have sector-wide, contractual, organisational or strategic implications for MEDSAC's programmes, standards, workforce development activities, or contractual responsibilities, and provide advice to the Board as required.
- k) Review the effectiveness of MEDSAC's clinical governance systems, frameworks and quality assurance processes, and provide advice to the Board on opportunities for improvement.
- l) Provide a clinical governance perspective on such other issues as delegated to the Committee by the Board.

Composition of the Clinical Governance Committee

The committee will have a maximum of eight members, who are experienced Clinician Affiliates as defined in the Trust Deed, and bring appropriate clinical, sector, or specialist expertise to support the work of the Committee. A minimum of three members will be Board members.

When a vacancy arises, the Board agrees what capabilities it is looking for in new Committee Members. Before appointing a Committee Member, the Board should identify the skills, experience or capacity required.

Committee members will not be appointed as representatives of particular regions, professions or interest groups; however, appointments will seek to ensure an appropriate balance of clinical, sector, geographic, cultural and governance perspectives. Individual members will not be expected to demonstrate all capabilities within the matrix. Committee capability will be assessed collectively across the membership.

Range of Capabilities Required by the Clinical Governance Committee

Category	Skills / Perspectives Sought Across Committee Membership
Clinical	• NFSSAS expertise • Adult clinical expertise • Adolescent clinical expertise • Paediatric clinical expertise • Clinical quality and safety • Clinical governance • Workforce development and sustainability • Clinical policy, standards and framework development • Forensic examiner/SAATS nurse perspective
MEDSAC Experience	• MERG experience • Mentoring and Accreditation programme experience • Manual development, review and implementation • Education and training • Knowledge of MEDSAC governance and operational frameworks • Contribution to MEDSAC Forums
Sector	• Health sector leadership • Understanding of contracted service delivery • Quality assurance systems • Knowledge of emerging sector issues, trends and workforce challenges • Understanding of SAATS and NFSSAS service delivery environments
Geographic	• North Island perspective • South Island perspective • Urban service delivery experience • Rural/regional service delivery experience
Cultural	• Māori health expertise • Te Tiriti understanding • Cultural safety capability • Equity perspectives
Governance	• Governance experience • Risk management • Strategic planning • Committee experience • Understanding of governance, assurance and oversight responsibilities

Desired Attributes

In addition to the skills and perspectives outlined above, Committee members should demonstrate:

- Ability to contribute constructively to Committee discussions.
- Ability to consider diverse clinical perspectives.
- Ability to exercise independent judgement.
- Ability to operate at a governance rather than operational level.
- Commitment to collaborative and collective decision-making.
- Appropriate management of conflicts of interest.
- Demonstrates respectful, professional and constructive communication consistent with MEDSAC's Code of Conduct.
- Sufficient time, engagement and preparedness to actively participate in Committee activities.
- Ability to maintain confidentiality and handle sensitive information appropriately.
- Demonstrates a commitment to upholding and complying with MEDSAC policies, standards, procedures and governance requirements.
- Ability to think strategically and consider organisational impacts beyond individual clinical issues.

Soft Skills Required

Committee Members also need to demonstrate the following skills and behaviours:

- Constructive challenge – asking probing questions without being confrontational, staying focused on the issues and not the person, surfacing concerns in a way that opens the conversation
- Active listening - listening to understand, not to respond; attending to what is not said as well as what is; reading the dynamics in the room
- Good judgment and sense making - identifying the key decisions and risks, and distinguishing between the information provided and the information actually needed
- Effective team member – being collaborative and open to new ideas
- Excellent communication skills
- Presence and participation - contributing actively in every meeting; not deferring to more senior or more vocal members
- Discretion and professionalism - maintaining the confidentiality of Committee discussions

Time Commitment and Other Considerations

The Clinical Governance Committee meets for two hours six times a year, either during the day or evening. In addition, there is preparation time and the expectation is that all participants have read the papers before the meeting and reflected on their content. All the meeting dates are known one year in advance.

Committee Members need to have their own laptop/iPad to enable them to read meeting papers online and bring the tech to the meeting with them.

Induction

MEDSAC has developed an induction programme, which you will work through over your first three months as a Committee Member. You will also be provided with a buddy on the Committee when you first join.

Compensation

Committee members are paid \$110 per hour for meeting attendance, with this payment intended to cover meeting preparation and participation. Any additional Committee work undertaken outside of meeting preparation and attendance must be agreed in advance and will be remunerated separately at the same rate.

Nomination and Selection Processes

These are set out in the Medical Sexual Assault Clinicians Aotearoa ('MEDSAC') Nomination, Selection and Appointment of Trustees and Committee Members Policy available on the MEDSAC website, and are tailored to the Committee Member role.