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| Licence Application: Medical Advisory Committee Generic Terms of Reference |

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## Executive Summary

This document is intended to guide health services in establishing a Medical Advisory Committee that meets the requirements of the *Health Service Establishments Act 2006* (the Act) and *Health Service Establishment Regulations 2011*(the Regulations). The document can be rebranded and amended to suit individual service’s business needs, however the minimum content contained in this template should remain.

# (INSERT NAME OF HEALTH SERVICE FACILITY)

## Medical Advisory Committee

## Terms of Reference

### Background

The *Health Service Establishments Act 2006* (the Act) and the *Health Service Establishments Regulations 2011* (the Regulations) prescribe the legislative obligations underpinning approval and renewal of licenced private health service establishments, by the Secretary of the Department of Health (the Department).

* The Act regulates private health establishments (private hospitals, day procedure centres and private residential care services) through a licensing regime to ensure quality and safety of services provided, by specifying the standards to be met by those establishments.
* The Regulations apply to all health service establishments that are licensed under the Act.

Schedule 1 (Part 2)(4) of the Regulations requires the Licensee of a private hospital or day procedure centre to appoint a Medical Advisory Committee for the facility; unless the health service has applied to the Secretary in writing and had approval for an alternative arrangement that will meet the functions and responsibilities of a medical advisory committee.

The Act and Regulations can be accessed at [www.legislation.tas.gov.au](http://www.legislation.tas.gov.au). Further information about the licensing regime is available at [www.dhhs.tas.gov.au/privatehealthregulation](http://www.dhhs.tas.gov.au/privatehealthregulation).

### Purpose

The Medical Advisory Committee (MAC) is responsible for advising the Licensee on:

* The accreditation of practitioners necessary to provide services at the facility and the delineation of their clinical responsibilities
* Matters concerning clinical practice at the facility
* Matters concerning the care and safety of patients at the facility; and
* Any other matter relating to the safety and quality of services at the facility

### Role and Function

The role and function of the MAC is to:

* Review, approve and make recommendations to the Licensee regarding:
	+ credentials of all medical practitioners and dentists every 5 years
	+ selection reports for appointment of all medical practitioners and dentists
	+ the appropriate scope of clinical practice for medical practitioners and dentists
	+ certification that a medical practitioner is qualified and competent to carry out requested services in the hospital and to evaluate any matter relating to the scope of clinical practice
	+ any variations considered necessary or desirable to the credentials or scope of clinical practice of medical practitioners and dentists practicing in the facility; and
	+ an application to perform an approved procedure following relevant training and in particular any procedure or technique not previously performed in the facility.
* Undertake investigations of any incidents required to be reported to the Department in accordance with Schedule 1, Part 4(10) of the Regulations.
	+ The investigation must be commensurate with the level of clinical risk and likelihood of reoccurrence (ie: Incidents with a Severity Assessment Code [SAC] rating of 1 or 2 would require a London Protocol or Root Cause Analysis investigation); include a systems analysis, findings, recommendations for action, and timely implementation plan.
	+ A record of the findings of each investigation must be reported on the approved form (Form 18 – Part 2) and the completed form provided to the Department within 70 days of the incident , where they will be reviewed, lessons learnt assessed and noted.
* Provide advice on policies or procedures in relation to reporting and infection control; safety and quality arrangements and incident management
* Undertaken any other functions specified by the Secretary or Licensee; and
* Communicate with any other committee declared by the Minister under Section 4 (10) of the *Health Act 1997* to be an approved quality assurance committee for the purposes of the Health Act in respect of the matter relevant to the functions of the Committee.

### Governance

**The Licensee of the facility:**

* is responsible for the safety of patients at the facility and the clinical governance of the facility, and must notify the Secretary in writing of:
	+ The name, contact details and qualifications of each member of the Medical Advisory Committee
	+ The date on which each person becomes a member, or cease to become a member of the Medical Advisory Committee
* The Licensee must ensure credentials of all medical practitioners and dentists are approved in accordance with the *National Standard for Credentialing and Defining the Scope of Clinical Practice* as published by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

**The Committee is responsible and accountable to:**

* The Licensee of the facility for ensuring provision of safe, quality healthcare services; continuous quality improvement; and safeguarding high standards of care.
* The Secretary of the Department for recording and reporting any adverse patient safety and quality events; and risks in accordance with the Act and Regulations; and ACSQHC standards.
* The Secretary for reporting (as soon as is reasonably practicable), any repeated failure by the Licensee of the facility to act on the advice given by the Committee (in relation to their purpose), if the failure is likely to adversely impact on the health or safety of patients or staff.

### Membership

Chair:

Membership:

Executive Officer:

### Member Roles

**Chair of the Committee**

* To reduce conflicts of interest between the role of the MAC and the Licensee, the role of the Chair of the Committee should not be undertaken by the Licensee of the facility.

**Committee Members must:**

* Have knowledge and understanding of the Health Service Establishments Act 2006, Health Service Establishments Regulations 2011, the National Standard for Credentialing and Defining the Scope of Clinical Practice, and clinical safety and quality requirements of the facility including the National Safety and Quality in Health Service Standards administered by the ACSQHC
* Be committed to being actively involved in, and an advocate for the Committee’s purpose, role and reporting functions
* Contribute knowledge of relevant matters in a constructive manner
* Provide effective clinical leadership to foster safe, high quality care and continuous improvement in clinical services
* Declare any conflict of interest, and not participate in any deliberations or decision of the Committee in respect of a practitioner if grounds might exist for a reasonable apprehension that the member might not bring a fair and unbiased mind to the issue before the Committee. Members must declare the fact of the matter to the Chair who must then decide whether or not the member should participate in any deliberation or decision of the Committee
* Attend meetings at the nominated time, and complete agreed actions between meetings, and
* Provide feedback to relevant committees / significant others as requested and required.

**Secretariat duties:**

The Committee’s secretariat must:

* Prepare and distribute agenda and meeting papers
* Record all Committee decision’s including the reasons and evidence on which they are based, and
* Maintain records of all Committee meetings and decisions according to facility procedures.

### Meeting Times

Meeting are to be held as often as is necessary to effectively perform its responsibilities and functions.

### Meeting Protocols

Quorum

* A quorum of the Committee is to consist of a majority of members, one of whom must be the chairperson or nominee

Membership

* Membership should consist of at least 5 medical practitioners (unless otherwise authorised by the Secretary in accordance with Schedule 5(Part1)(2) of the Regulations)
* Membership must include one member who has no pecuniary interest in the facility
* Membership may include nominees or representative of other health care providers, academic institutions or other relevant professional organisations
* The Committee may co-opt any person who has a desirable expertise, but any such person is not entitled to vote

Meeting deliberations

* The Committee must observe the rules of procedural fairness
* A decision of the Committee is to be determined by a majority of the members present and voting and, if votes on any matter before the committee are equal
* A decision of the Committee is to be subject to appeal as follows:
	+ in the first place the Committee is to review its own decision;
	+ if the decision is unchanged, any person aggrieved by the Committee’s decision may appeal to the appeals Committee, established for the purpose by the private hospital or day-procedure centre, which may either confirm or overturn the original decision.

Recording decisions

* A record must be kept of all MAC decisions including the reasons and evidence on which those decisions are based.

### Review of Terms of Reference

These terms of reference should be reviewed annually and revised version forwarded to the Secretary with annual renewal of licence.