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| Department of Health | 2011-03-07 - 2010_TAS_Gov_Logo |
| ExampleMedical Advisory Committee Terms of Reference | |

### Important information

* The *Health Service Establishments Act 2006* (the Act) and the *Health Service Establishments Regulations 2021* (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).
* 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 (MAC) for the establishment; 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 MAC Chair cannot be the Licensee of the establishment.
* The MAC must have a member external to the business and, if the establishment is accredited under the National Safety and Quality Primary and Community Healthcare Standards, a consumer representative must be on the MAC.
* The Act and Regulations can be accessed at [www.legislation.tas.gov.au](http://www.thelaw.tas.gov.au). Further information about the licensing regime is available at <http://www.dhhs.tas.gov.au/privatehealthregulation>

### How to use this document

* This document is created as a guide for Health Service Establishments (HSE) who are creating a Terms of Reference for their Medical Advisory Committee.
* The Terms of Reference must be updated and made relevant to the specific Health Service Establishment. Please edit/delete as appropriate for your HSE.
* Using the example as a guide, the HSE can ensure that the Terms of Reference meet the requirements of the *Health Service Establishments Act 2006* and the *Health Service Establishments Regulations 2021*.
* Any text highlighted in yellow must be updated.
* Any text in **bold** must NOT be removed as it is a statutory requirement.
* **This page MUST be removed from the HSE Terms of Reference document.**

INSERT NAME OF HEALTH SERVICE FACILITY

## Medical Advisory Committee

## Terms of Reference

### 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 senior medical practitioners and dentists at least every five 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.**
* **Provide advice on policies or procedures in relation to reporting and infection control; safety and quality arrangements and incident management.**
* **Undertake investigations into all reportable incidents; provide details of the findings and recommendations for changes to practice.**
* **Provide oversight to ensure regulatory compliance regarding the reporting of incidents within specified timeframes:**
  + **Oral notification to the Regulation Licensing and Accreditation (RLA) Unit regarding an unexpected death and/or an injury that is sustained in the health service that is life threatening or fatal within 24 hours of death/incident**
  + **Form 18 Part 1 completed and submitted to the RLA Unit within 3 days of the incident**
  + **Form 18 Part 2 submitted to the RLA Unit following the Medical Advisory Committee investigation within 70 days of date of incident**
* **Undertake any other functions specified by the Secretary or licensee.**
* **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, and**
  + **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 *Health Service Establishments Act 2006* (the Act) and the *Health Service Establishments Regulations 2021* (the 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

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| --- | --- |
| Chair: | Name / Position / Date Commenced |
| Membership: | 1. Name / Position / Date Commenced / Date Resigned (as applicable)  2.  3.  4.  5. |
| Secretariat: | Name / Position |

### Member Roles

***Chair of the Committee***

* 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 Act and Regulations, the *National Standard for Credentialing and Defining the Scope of Clinical Practice,* and clinical safety and quality requirements of the facility including the *ACSQHC Standard 8 of the National Standards on Safety and Quality in Healthcare (2nd edition).*
* 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 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 the facility’s procedures**.

### Meeting Times

* **Meetings are to be held as often as is necessary to effectively perform the MAC’s responsibilities and functions.**
* The MAC will be held every month/two months/quarterly.

### 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.

### Review of Terms of Reference

* These terms of reference should be reviewed annually, and if they are revised, the updated version must be forwarded to the Secretary.