



Western Australian Therapeutics Advisory Group

Terms of Reference

1.0 Name

The committee shall be known as the Western Australian Therapeutics Advisory Group (WATAG).

2.0 Purpose

WATAG is responsible for promoting, supporting and advising on statewide medication governance and the quality use of medicines across Western Australian (WA) public hospitals.

2.1 Vision

To achieve optimal patient outcomes through the equitable, safe and quality use of medicines across WA Health.

2.2 Mission

To collaborate with, support and empower WA clinicians by providing therapeutic guidance that delivers the very best health outcomes for patients through the safe and quality stewardship of medicines in WA Health.

2.3 Strategic priorities

Facilitating collaboration across Western Australian public hospitals

To lead interdisciplinary collaboration across all practice settings to deliver outputs and governance frameworks that promote clinical excellence and the quality use of medicines and to strategically align electronic medication management systems and e-prescribing priorities.

Promote the consistent and quality use of medicines

To align medication use with the principles of prescribing defined by the Statewide Medicines Formulary (SMF) across WA public hospitals.

Keeping consumers central to the delivery of pharmaceutical care

To engage, consult and collaborate with consumers to ensure their needs are at the forefront of delivering pharmaceutical care in WA public hospitals.

3.0 Membership

3.1 Chair

The Chair will be a health professional member of WATAG.

The recommendation for the Assistant Director General, Clinical Excellence Division to appoint the Chair will be decided by the Committee by way of majority vote.

If no WATAG member is nominated, an appointment may then be made by the Executive Director, Patient Safety and Clinical Quality on behalf of the Assistant Director General, Clinical Excellence Division.

Chairs may serve for a period of three (3) years at which time, the position will be open for renomination. All voting members of WATAG are entitled to self-nominate for Chair.

3.2 Secretariat

The Secretariat shall be a member of the Medicines and Technology Unit (MTU), Patient Safety and Clinical Quality Directorate, Clinical Excellence Division, Department of Health.

The Secretariat will be nominated by the Manager of the MTU.

The Secretariat may provide advice to the Committee but will not have voting rights.

3.3 Voting members

Hospital Health Service Provider (HSP) Representatives

Hospital HSP Representatives will consist of one prescriber of any profession (e.g. medical practitioner, nurse practitioner) and one senior pharmacist from each of the following HSPs:

- North Metropolitan Health Service
- East Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service
- Child and Adolescent Health Service.

HSP Representatives will be nominated by the Chief Executive of that health service and shall have a tenure of three (3) years. HSP Representatives may renominate at the conclusion of their tenure provided it is authorised by the relevant Chief Executive.

HSP Representatives should be directly involved or have extensive experience in medication governance and the quality use of medicines within their HSP. Ideally, they should be drawn from the membership of a tertiary hospital Drugs and Therapeutics Committee (DTC) within that HSP, if applicable.

Pathwest Representative

The Pathwest Representative will be a medical officer nominated by the Chief Executive of Pathwest. They will represent and provide advice on therapeutic drug monitoring, toxicology and any other relevant areas.

The Pathwest Representative will be nominated by the Chief Executive of Pathwest and shall have a tenure of three (3) years. The Pathwest Representative may renominate at the conclusion of their tenure provided it is authorised by the Chief Executive.

Chief Pharmacist – Medicines and Poisons Regulation Branch, Department of Health
The Department of Health Chief Pharmacist will represent and provide advice on issues relating to the quality use of medicines that arise as part of their role in medicines regulation within the WA Health System.

Chief Psychiatrist

The Chief Psychiatrist will represent and provide advice on issues relating to the quality use of medicine that arise in the mental health setting.

Nurse Practitioner Representative

There will be one Nurse Practitioner Representative nominated by the Australian College of Nurse Practitioners WA Chapter. They will represent and provide advice on the issues affecting the quality use of medicines related to nurse prescribing.

Registered Nurse Representative

There will be one Registered Nurse Representative nominated by the Australian College of Nursing and drawn from the WA Chapter. They will represent and provide advice on quality use of medicines issues related to nursing practice.

Junior Doctor Representative

There will be one Junior Doctor Representative nominated by the Junior Medical Officer Forum of the Postgraduate Medical Council of WA.

Medication Safety Representative

There will be one Medication Safety Representative who shall be the Chair of the WA Medication Safety Collaborative.

Electronic Medical Record (EMR) Representative

There will be one representative who is closely involved with the implementation of an EMR in WA Health. They will be nominated by the Chair of WATAG. They shall have a tenure of three (3) years and may renominate at the conclusion of their tenure.

Consumer Representative

There will be one Consumer Representative nominated by the Health Consumer Council. They will have a tenure of three (3) years. The Consumer Representative may renominate at the conclusion of their tenure provided it is authorised by the Executive Director of the Health Consumer Council.

Subcommittee representatives

There will be one representative of each active WATAG subcommittee as per Appendix One. This representative shall be the Chair of the subcommittee, or a representative as nominated by the Chair of the corresponding subcommittee. Subcommittee representatives may also be ordinary voting members of WATAG.

3.4 Working group/external committee representation

The Chair, in consultation with members, may invite representatives from the following groups to attend and contribute to meetings and out of session discussions:

- WATAG-related working groups

- Any other relevant WA Health Committee

These individuals shall not bear voting rights.

3.5 Expert members

Expert members are non-voting members who are temporarily appointed to the Committee to allow them to contribute to short-term projects.

They may be nominated and approved by WATAG or co-opted by the WATAG Chair provided both Chair are unanimous in this decision.

The period of their tenure and purpose of appointment must be specified at the time of their appointment and agreed upon by the Committee.

3.6 Corresponding members

The Chair, in consultation with members, may establish a network of stakeholders as corresponding members who are not required to attend meetings, but will receive agenda and minutes of the Committee and may participate in email discussions, consultations and communications from WATAG.

The appointment of a corresponding member is at the discretion of the Chair and is always subject to review.

Corresponding members will not ordinarily be entitled to vote on WATAG resolutions but may act as proxies for Voting Members, at the discretion of the Chair.

Each corresponding member will be reviewed at the end of every calendar year to decide whether it is appropriate for corresponding membership to continue.

4.0 Responsibilities

4.1 Committee

The Committee is responsible for bringing governance issues related to the quality use of medicines to the committee for discussion so a central approach to mitigate the associated risks can be taken.

See Figure 1 for a graphical representation of the escalation of issues and lines of communication into and out of the committee.

Issues should be escalated to WATAG in the following manner as per the following table:

| Group/organisation | Escalation pathway to WATAG |
|------------------------------------|---|
| DTC or equivalent group | Via the appropriate hospital HSP member |
| Other represented groups | Via the relevant voting member |
| WA Drug Evaluation Panel (WADEP) | Via the MTU (WATAG Secretariat) |
| Group without WATAG representation | Via the MTU (WATAG Secretariat) |

The Committee is responsible for consulting with the appropriate stakeholders in their hospitals/HSPs/practice settings/professional groups to ensure the outputs of WATAG are optimised for clinicians and consumers (if appropriate).

The Committee will be responsible for making the ultimate and final decision on appeals relating to Statewide Medicines Formulary submissions as escalated to WATAG by WADEP. WADEP may also refer formulary submissions to WATAG where there has been a significant breach in process that is believed to compromise the legitimacy of the outcome of the evaluation. In these scenarios, WATAG will consider the submission to make an outcome recommendation on behalf of WADEP. See the [Statewide Medicines Formulary Governance and Procedures](#) document.

The committee (led by the Chair) is responsible for producing an annual workplan that clearly lists the key project deliverables for the Committee each calendar year as a collaborative.

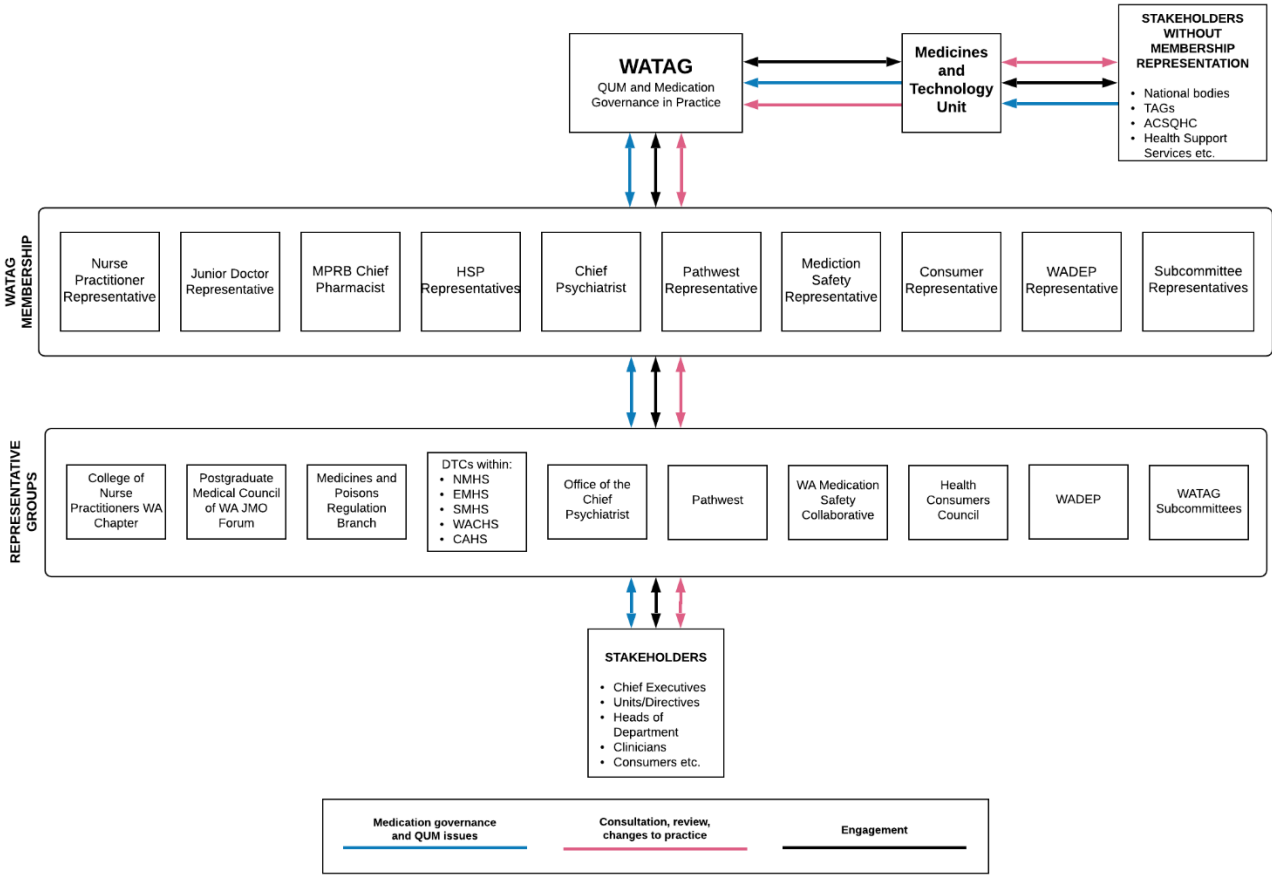


Figure 1. Functional diagram.

4.2 Chair

The Chair is responsible for:

- Being accountable for and coordinating the outputs of the committee, subcommittees and working groups.
- Providing leadership by:
 - Facilitating the delegation of work between members of the committee;
 - Leading discussions;
 - Producing tangible outcomes; and

- Attending meetings/other engagements on behalf of the Committee when official representation is required
- Endorsing any urgent work on behalf of the Committee when a full member consultation cannot reasonably be performed
- Working closely with the Secretariat to guide project work as determined by the Committee.
- Reviewing the need for subcommittees, their establishment or disbandment and raising this to the Committee.
- Producing an annual report that documents the Committee's achievements of the previous year and goals for the next year. This must include performance against key performance indicators, information on completed projects, status of continuing projects and plans for future activities.

4.3 Secretariat

The Secretariat is responsible for:

- Administration tasks including:
 - Organising meeting locations and other requirements such as teleconferencing facilities
 - Notification of meetings and requesting agenda items
 - Developing and circulating the agenda and associated papers for each meeting
 - Produce clear, concise and easy to read papers for the committee
 - Taking and circulation of meeting minutes
 - Managing and storing documents generated from the Committee's activities.
- Working closely with the Chair to support administration and project work as determined by the Committee.
- Facilitate decision making by sharing information, correspondence and experiences.
- Communicate any issues raised to the Medicines and Technology Unit by stakeholders without WATAG representation to the Chair for consideration of escalation to the Committee.
- Assist in the preparation of the Annual Report and Workplan.

4.4 Voting members

Voting members will be responsible for:

- Representing the stakeholders from their Health Service/area by:
 - Actively bringing medication-related issues raised by stakeholders, escalated by the appropriate peak body to the Committee for discussion.
 - Engaging with their stakeholders to obtain feedback on the Committee's activities.
 - See Figure 1.
- Communicating with stakeholders to notify them of any activities/outputs that may affect their practice so appropriate measures can be taken to facilitate change management, if required.
- Making reasonable efforts to attend scheduled WATAG meetings, providing adequate notice if they are to be an apology.
- Nomination of a suitable proxy if they are unable to attend a meeting in person.
- Actively contribute to the outputs of the Committee.

5.0 Meetings

5.1 Frequency and location

Meetings will be held at least quarterly, in response to need at the discretion of the Chair. Meetings may be held in person at a venue nominated by the WATAG Secretary or remotely as appropriate.

Business will be conducted out of session wherever possible, however this will not negate the need for regular meetings.

5.2 Quorum

A quorum will consist of at least 50% of voting members. This will include at least the Chair and will include at least two prescriber and two pharmacist HSP representatives.

5.3 Proxies

Members unable to attend meetings are expected to nominate a proxy to attend in their place and notify the WATAG Secretariat at least three (3) business days prior to the relevant scheduled meeting.

Proxies may be nominated by a member who is unable to attend a meeting and will be at the discretion of the Chair.

5.3.1 General Proxy Members

If a current WATAG voting member anticipates they will be absent for two or more consecutive meetings, they must nominate a general proxy. A general proxy gives the person holding the proxy the right to vote as the holder sees autonomously fit on all issues and motions, including in and out of session items. The nominating WATAG voting member retains the right to resume their WATAG voting role at any time they see fit and end the proxy membership. General proxies must be voted in by WATAG members.

5.3.2 Limited Proxy Members

A limited proxy may be nominated by a WATAG voting member to act on their behalf for **up to two consecutive meetings**. This may include reading the member's comments or reviews of agenda items or voting on the member's behalf in or out of session. Limited proxy members may be nominated by a member who is unable to attend a meeting and will be at the discretion of the Chair but are not required to be approved by a WATAG vote.

5.4 Resolutions

Recommendations and other resolutions from the Committee shall be passed by way of a majority vote. If a quorum is not present, resolutions will require confirmation at a later meeting at which a quorum is present or be deferred to an out-of-session vote at the discretion of the Chair.

5.5 Voting

Each voting member will have a single vote. Voting members that hold two positions on the Committee (e.g. HSP and Subcommittee Representative), shall have a single vote.

The Chair shall have a deliberative vote. In case of an equality of votes, the Chair shall have a combined single deciding vote.

5.6 Out-of-session resolutions

The Chair may elect to determine the Committee's position by an out-of-session vote. A written proposal will be circulated to members with a time and date for responses to be returned. Members will be advised of the outcome promptly after a resolution.

5.7 Conflicts of interest

Each member of the Committee shall abide by the WA Health Code of Conduct and declare any potential conflicts of interest in matters of concern to the Committee. Members shall complete and sign a Declaration of Potential Conflict of Interest (COI) annually, at the commencement of a new calendar year, and declare any potential COI verbally when in a meeting or in writing when out-of-session matters arise.

Where a perceived, potential or actual conflict of interest has been declared, the Chair shall determine how to proceed and advise the meeting accordingly. The nature of the conflict and action by the Chair shall be recorded in the minutes.

5.8 Confidentiality

Members must respect the confidentially and/or commercial sensitivity of any information brought before the Committee or discussed at a meeting or by email. Member votes and opinions and any associated materials must not be discussed or circulated beyond the Group unless otherwise authorised by the Chair.

6.0 Subcommittees and other groups

A list of active and disbanded WATAG subcommittees and other groups is available in Appendix One and Two.

6.1 Purpose

The Committee may establish subcommittees to focus on key areas medication use where a specific set of expertise is required on a consistent and ongoing basis. As such, WATAG may choose to delegate various activities or decision-making to subcommittees when required.

The Committee may establish other groups including but not limited to working groups and reference groups to assist with or be responsible for a particular issue or scope of work.

6.2 Establishment

Decision to establish a subcommittee shall be passed by way of majority vote.

6.3 Governance

All subcommittees report directly to the WATAG Chair.

WATAG bears ultimate accountability for the activities and outputs of all groups established under its supervision. As such, all outputs must be approved by at least the Chair of WATAG.

NB: WADEP has autonomy in maintaining the SMF without the input of WATAG unless requested as per Section 4.1.

Each group shall operate under an independent Terms of Reference that has been endorsed by WATAG.

6.4 Review

Each subcommittee shall be required to produce an annual report for presentation to WATAG at the beginning of each new calendar year. This document shall be used by the Committee to assess the subcommittee's performance and establish if it should continue to operate.

6.5 Disbandment

Decision to disband a subcommittee must be passed by way of majority vote.

7.0 Accountability

WATAG is accountable to the Assistant Director General, Clinical Excellence Division via the Executive Director, Patient Safety and Clinical Quality Directorate. See Figure 2.

WATAG is responsible for promoting, improving and maintaining medication governance and the quality use of medicines at a system level.

WADEP is responsible for the maintenance of the SMF (see the Statewide Medicines Formulary Governance and Procedures document), an instrument that assists in delivering the quality use of medicine at a hospital site level.

Although WADEP is a subcommittee of WATAG, the panel operates autonomously to make decisions on formulary listings. The two groups work collaboratively in order to achieve the goals of both groups and the SMF.

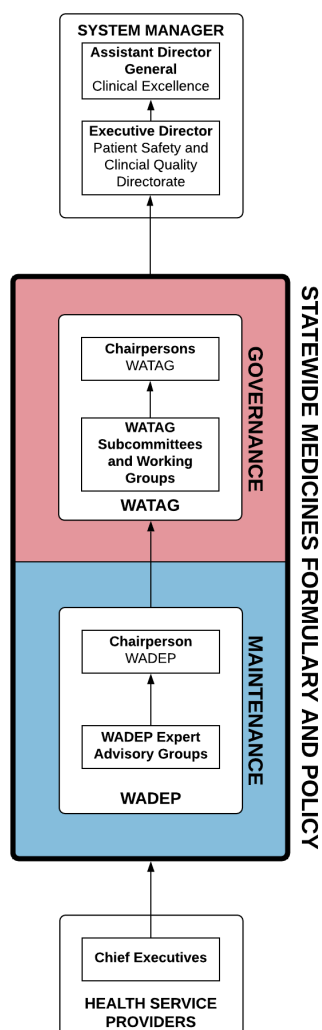


Figure 2. Accountability of WATAG and relationship with the WA Drug Evaluation Panel.

7.1 Annual Report

The Chair, in association with the Committee and with the assistance of the Secretariat will provide an Annual Report on the activities of the Committee at the end of each calendar year. This report will be forwarded to the Assistant Director General, Clinical Excellence Division and to the Health Services Chief Executives by the WATAG Secretary.

7.2 Adoption and Amendment

The Terms of Reference will be endorsed by the Committee at the first meeting of every calendar year and updated when necessary. Copies of amended Terms of Reference shall be provided to the Assistant Director General, Clinical Excellence Division for information.

8.0 Version control

| Year | Minor/major change | Date endorsed | Review date |
|------|---|---------------|-------------|
| 2020 | Major: review of entire document and membership | November 2020 | Jan 2022 |

| | |
|-------------|---|
| 2023 | Minor: Reviewed subcommittees and added definitions for general and limited proxy members |
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9.0 Appendices

9.1 Appendix One – WATAG subcommittee register

| Subcommittee Name | Active | Date of disbandment |
|--|--------|---|
| Western Australian Drug Evaluation Panel (WADEP) | Yes | N/A |
| Western Australian Psychotropic Medication Group (WAPMG) | No | 24 th Oct 2022 |
| Western Australian Committees for Antimicrobials (WACA) | Yes | N/A |
| Western Australian Medication Safety Group | No | Replaced by WA Medication Safety Collaborative (independent to WATAG) |

9.2 Appendix Two – WATAG other group register

| Subcommittee Name | Active | Date of disbandment |
|---------------------------------------|--------|---------------------|
| Critical Medical List Reference Group | Yes | N/A |