

## Health Care Facilities Medical Advisory Committee Policy MP 0096/18

### **Standard for Terms of Reference for Medical Advisory Committees**

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#### **1. Introduction**

Health Service Providers must, when establishing a Medical Advisory Committee, adopt formal Terms of Reference for Medical Advisory Committees which are consistent with the principles set out in this Standard and in the form ordinarily used by the Health Service Provider for Committees.

#### **2. Principles**

##### **Role and Scope**

- (1) Where the majority of Medical Practitioners agree, a Health Service Providers will establish a Medical Advisory Committee to:
  - (a) inform and advise the Health Service Provider Chief Executive on:
    - (i) medical policy and matters affecting patient care;
    - (ii) medical workforce issues other than credentialing matters and medical requirements of the Health Care Facility;
    - (iii) efficient and equitable use of Health Care Facility resources; and
    - (iv) other matters referred to it by the Chief Executive.
  - (b) liaise between the Health Service Provider Chief Executive or delegate and Medical Practitioners at the relevant Health Care Facility;
  - (c) actively encourage and advance quality improvement and other activities aimed at better patient care and better use of resources; and
  - (d) consider medical/patient care issues raised by Medical Practitioners or the Health Service Provider Chief Executive.
- (2) A Medical Advisory Committee may be established for any combination of Health Care Facilities under the control of a Health Service Provider. An individual Medical Advisory Committee may be established for each Health Care Facility or, where appropriate, for multiple Health Care Facilities.
- (3) The composition of a Medical Advisory Committee should reflect the main clinical services provided by the Health Care Facility.
- (4) After each meeting of the Medical Advisory Committee, the minutes and recommendations will be forwarded to the Health Service Provider Chief Executive for consideration.
- (5) Health Service Provider Chief Executives should ensure adequate information is provided to Medical Advisory Committees to enable them to function and take account of the advice when making decisions.
- (6) The Medical Advisory Committee will report annually on its activities to the Chief Executive and the Medical Practitioners at the Health Care Facility. The Committee's report may include an assessment of its contribution to the effective operation of the

Health Care Facility. The Health Service Provider Chief Executive may request a report on particular matters as required. The Committee may report to the Health Service Provider Chief Executive and the Medical Practitioners at the Health Care Facility at any time on particular matters.

- (7) Any significant issue that is unable to be resolved between the Health Service Provider Chief Executive and Medical Advisory Committee may be raised with the Health Service Provider Board after the relevant parties have taken all reasonable steps to resolve the matter. The party referring the matter to the Health Service Provider Board will advise the other party of this action.

#### **Chairperson of the Medical Advisory Committee**

- (8) The Chairperson of the Medical Advisory Committee will:
  - (a) liaise between management and Medical Practitioners to ensure each is informed on significant issues;
  - (b) if no Senior Medical Administrator is appointed, may serve at the invitation of the Principal Administrator as the medical coordinator for the Health Care Facility including participation in relevant management meetings as required;
  - (c) in conjunction with the Principal Administrator or Senior Medical Administrator review the adequacy of the emergency service provision at the Health Care Facility and, in particular, endeavour to reconcile the Health Care Facility and community requirements having regard to relevant factors including, but not limited to the availability of Medical Practitioners and occupational health and safety considerations; and
  - (d) at the invitation of the Principal Administrator attend as an ex-officio member of the executive committee of the Health Care Facility or Health Service Provider where such a body exists.

#### **Medical Advisory Committee Terms of Reference**

- (9) Subject to endorsement by the relevant Medical Advisory Committee, the Terms of Reference may be varied to accommodate local requirements. Details of any such variations will be made available to all Medical Practitioners at the Health Care Facilities for which the Medical Advisory Committee provides advice.

#### **Elections**

- (10) Elections for the Medical Advisory Committee will generally be held in June of each year. Elections to fill casual vacancies will be held at such time as the Medical Advisory Committee may determine.
- (11) Generally, Medical Advisory Committee membership will take office from 1 July of each year. Medical Advisory Committee members elected to fill casual vacancies will take office from the date of their election with their term expiring at the same time as the committee member they replace.
- (12) The Chairperson of the outgoing Medical Advisory Committee will nominate a returning officer. The nominee must not be a person seeking election to the Medical Advisory Committee.

#### **Nominations and Voting**

- (13) Nominations for election to a Medical Advisory Committee must be in writing.
- (14) Nominations must be received by the returning officer one calendar month before the date fixed for the election. If no one is nominated from a particular Health Care

Facility in respect of which a Committee provides advice, the returning officer may accept oral nominations of persons from that Health Care Facility up to 72 hours before the date advertised for election papers to be sent out.

- (15) Medical Practitioners engaged at the Health Care Facility for a term greater than 12 months will be eligible to:
- (a) stand for election;
  - (b) nominate and second candidates; and
  - (c) vote at elections.
- (16) Voting in elections for a Medical Advisory Committee will be by non-preferential secret ballot submitted to the returning officer by the due date. Postal votes will be accepted, provided that they are received by the returning officer by the due date.

#### **Election of Chairperson and Voting**

- (17) The Chairperson of the Medical Advisory Committee will be elected by the elected members of the Medical Advisory Committee for a one year term and will be eligible for re-election.
- (18) The Chairperson will have a deliberative as well as a casting vote.
- (19) The Chairperson of the Medical Advisory Committee must be a registered Medical Practitioner.

#### **Appointment of Deputy Chairperson**

- (20) A Medical Advisory Committee will appoint a Deputy Chairperson to act as Chairperson at meetings of the Medical Advisory Committee and perform the other functions of the Chairperson when the Chairperson is unavailable or unable to perform their functions.

#### **Membership**

- (21) The Medical Advisory Committee will generally comprise of:
- (a) a minimum of 4 elected members if there are 15 or less Medical Practitioners at the relevant Health Care Facility or a minimum of 6 elected members if there are more than 15, provided that nothing limits the Health Service Provider from increasing the number after discussion with the Medical Advisory Committee;
  - (b) the Director of Medical Services and either the Principal Administrator or Director of Nursing or equivalents appointed by the Health Service Provider Chief Executive;
  - (c) members co-opted by the Medical Advisory Committee from Medical Practitioners at Health Care Facilities not otherwise represented on the Medical Advisory Committee or which are, in the opinion of the Medical Advisory Committee, inadequately represented. This may include, where appropriate, Mental Health, Community Health, Aboriginal Medical Services, Royal Flying Doctor Service and other medical representative services in the community; and
  - (d) anyone co-opted by the Medical Advisory Committee to provide specialist advice, as required.

#### **Rules of Debate**

- (22) The Chairperson will determine the appropriate rules of debate to apply.

#### **Absences**

- (23) Any elected member who misses three consecutive meetings of a Medical Advisory Committee without good cause being shown will be deemed to have resigned.

#### **Quorum and Proxies**

- (24) A quorum will comprise two thirds of the elected members of the Medical Advisory Committee.
- (25) Subject to the agreement of the Chairperson a member may nominate in writing another Medical Practitioner able to represent the same constituency as proxy to attend particular meetings in their place when they are unable to attend. Where a member is called to an emergency, or where a member has received less than 48 hours' notice of the meeting, the Chairperson may accept an oral proxy.
- (26) The Health Care Facility/ Health Service Provider will ensure necessary resources including secretarial support is provided and minutes are maintained of all formal meetings of the Medical Advisory Committee.

#### **Conflict of Interest**

- (27) A member of a Medical Advisory Committee who, whether directly or indirectly, has duties or interests in conflict with his or her duties or interests on that Medical Advisory Committee, must declare a possible conflict of interest to the Chairperson. The member will withdraw from the Medical Advisory Committee for the duration of the deliberations in question, prior to any discussions or decisions on the matter being taken, unless the Medical Advisory Committee determines the conflict is trivial or unlikely to affect the outcome.
- (28) Subject to the approval of the Chairperson, where a member has withdrawn from the Medical Advisory Committee for a particular matter, that member may nominate in writing another Medical Practitioner as proxy for the purpose and duration of the period during which such matter is under consideration.

#### **Confidentiality**

- (29) Discussions, deliberations and recommendations of Medical Advisory Committees will be kept confidential unless the Medical Advisory Committee or the Health Service Provider Chief Executive decides otherwise or as required by law.