Government of Western Australia
Department of Health

Classification: Official

# Western Australian Committee for Antimicrobials Terms of Reference

## 1. Name

This committee will be known as the Western Australian Committee for Antimicrobials (WACA), (the 'Group'),

## 2. Purpose

The Group will provide advice and recommendations relating to antimicrobials to support the Statewide Medicines Formulary (SMF) and to provide clinical expertise relating to the Antimicrobial Stewardship (AMS) Strategy under Patient Safety and Clinical Quality (PSCQ).

# 3. Authority and accountability

WACA reports directly WA Therapeutics Advisory Group (WATAG) for advice relating to strategic planning (e.g. Antimicrobial Stewardship Strategic Plan), medicines usage and specific projects. WACA also provides an Expert Advisory Group (EAG) function to WA Medicine Evaluation Panel (WAMEP) for SMF listing recommendations. Both WATAG and WAMEP report to the Executive Director, Patient Safety and Clinical Quality Directorate and the Assistant Director General- Clinical Excellence Division.

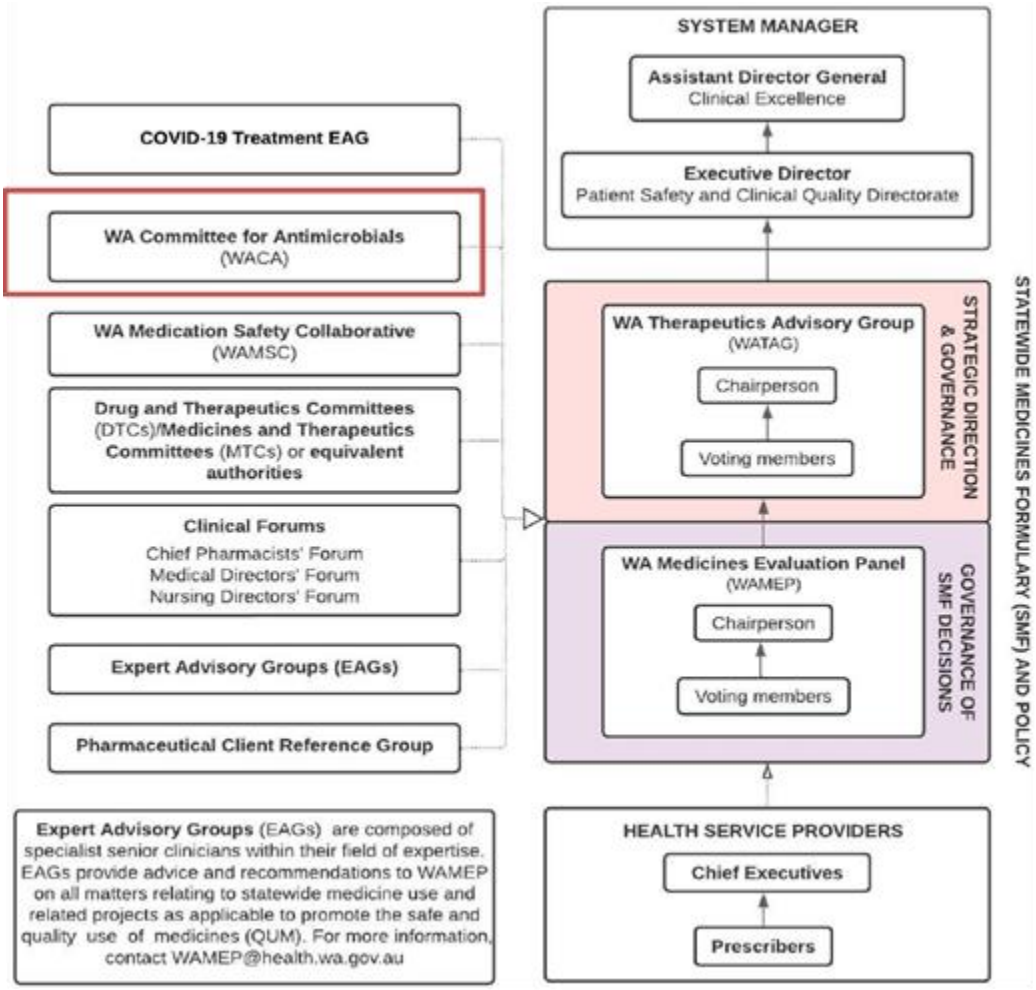


**Figure 1. Accountability structure**

# 4. Responsibilities

The specific responsibilities of WACA are to:

- Provide advice and recommendations to the WATAG to support the strategic and project functions in relation to the Statewide Medicines Formulary (SMF):
  - provide advice to guide the standardised usage of antimicrobial medicines in Western Australia based on scientific knowledge of clinical efficacy, safety and cost-effectiveness,
  - provide advice in relation to the design and interpretation of antimicrobial medicines utilisation reviews to support and enhance equitable, safe and quality use of me dicines in Western Australia, and
  - support other assurance functions through provision of advice as requested by WATAG.

- Provide advice and recommendations to the WAMEP for antimicrobial medicines under review for listing on the SMF, or for regular review of existing listings, including:
  - consider the medicine according to the principles and processes outlined in the SMF Guidelines,
  - assess the appropriateness for use in WA public hospitals and hence SMF listing,
  - formulate indications, restrictions, guidance, audit requirements or outcome reporting measures, where required, and
  - undertake wider consultation with relevant colleagues, where necessary.

- Provide advice, recommendations, support and promote strategic and project functions for Patient Safety and Clinical Quality under the Antimicrobial Stewardship Strategic Plan as required.

# 5. Membership

## 5.1 Chair

The Chair of the WACA- EAG will be a clinician with expertise in infectious diseases and/or clinical microbiology and antimicrobial stewardship.

The role of the Chair is to:

- ensure that meetings are organised and conducted in an orderly and effective way
- facilitate effective contributions from all committee members
- encourage expression of a diversity of opinions
- ensure that clear decisions are made and documented
- ensure that the committee fulfills its responsibilities

## 5.2 Vice Chair

In the Chair's absence, the Vice Chair will fulfill all Chair responsibilities.

### 5.3 Voting Members

Members are to actively participate in all meetings and decision making; gather, share information, and provide expert advice to support the SMF through WATAG and WAMEP.

The role of each member is to:

- represent the best interests of the Department of Health
- maintain awareness of trends, issues and views of stakeholders to enable informed discussion at meetings
- prepare adequately for meetings, including reading papers, undertaking required research, and conferring with other sources of information (as appropriate)
- participate actively and constructively in meetings
- complete any actions and any out of session work agreed to at committee meetings, within
- agreed timeframes
- behave in accordance with the standards of ethical and professional conduct and behaviour
- required by the WA health system Code of Conduct
- declare any conflicts of interest in accordance with the process described at 7

## 6. Operating procedures

### 6.1 Secretariat support for AMS strategy

A Secretariat for the Group will be provided by the Patient Safety and Clinical Quality Directorate to support project work when required. The Secretariat may provide advice to the Group but will not have voting rights. The Secretariat will be responsible for facilitating decision making by the Group, recording minutes of meetings and managing and storing documents arising from the Group's activities relating to the AMS Strategic Plan.

The role of the Secretariat is to:

- provide induction information to new members on commencement
- communicate with members on matters relating to the conduct of meetings
- receive and collate agenda papers
- prepare meeting agendas and circulate along with associated papers as outlined at 6.3
- record meeting minutes and actions and circulate to members as outlined at 6.4
- complete recordkeeping on behalf of WACA in accordance with the Department
- of Health's Recordkeeping Policy and Procedure

### 6.2 Frequency and location

The WACA will meet (face to face or teleconference) will be held at the discretion of the Chair or as agreed in consultation with members, in response to need. Wherever possible, business will be conducted out of session.

## 6.3 Agenda items/ papers

Proposed agenda items and associated papers are to be submitted to the Secretariat as soon as possible and at least 10 working days prior to the meeting. The agenda and associated papers will be circulated to members at least 5 working days prior to the meeting.

## 6.4 Minutes

The Secretariat will record the minutes of each meeting and distribute them to members within 10 working days of each meeting. The minutes will be presented at the next meeting for endorsement, with any amendments noted. The endorsed minutes will constitute a true and accurate record of the meeting.

## 6.5 Quorum

Half the number of official voting members or greater is required to constitute a quorum.

For matters relating to paediatrics or neonates, at least one Paediatric Infectious Diseases specialist and Paediatric Pharmacist need to be included to reach quorum.

## 6.6 Proxies

Proxies may be nominated by a member who is unable to attend a meeting and will be at the discretion of the Chair. Proxy nominations should be a specialist in infectious diseases and/or clinical microbiology and antimicrobial stewardship.

## 6.7 Resolutions

Recommendations and other resolutions from the Group shall be passed by a majority of the members present. Resolutions at meetings where a quorum is not present will require confirmation at a later meeting at which a quorum is present.

## 6.8 Voting

The Chair shall have a deliberative vote and in case of an equality of votes, the Chair shall have a casting vote.

## 6.9 Out-of-session resolutions

The Chair may elect to determine the Group’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.

# 7. Conflicts of interest

If a committee member, including the Chair, identifies a conflict of interest during a meeting, the member is to verbally declare the interest either to the Chair, or if the Chair is making the declaration, to the meeting.

The Strategy for dealing with a declaration of conflict of interest is as follows:

Each member of the Group shall abide by the WA Health Code of Conduct and declare any perceived, potential or actual conflicts of interest in matters of concern to the Group. Members shall:

A. complete and sign an annual declaration of conflicts of interest,
B. complete and sign a declaration of conflicts of interest before the commencement of each meeting on matters pertaining to the prepared agenda, and
C. verbally alert the Chair of any other potential conflicts of interest that may arise during the course of a meeting or in writing for out-of-session matters.

The Chair, with support of voting members, will assess all declared perceived, potential, or actual conflicts of interest (COI) and decide on the most appropriate action to take. Members who declare COI are required to propose if, and how, the conflict can be managed at the time of declaration. Members deemed to have a significant COI will not participate in discussions for the relevant agenda items and will be asked to step out of the meeting for the entirety of the item discussion. Members deemed to have a minor COI may, at the Chair's discretion, participate in discussions for the relevant agenda items but may not participate in decision making or voting. All conflicts will be recorded in the meeting minutes.

Information pertaining to Conflicts of Interest can be found on the MP 0138/20 Managing Conflicts of Interest Policy.

# 8. Confidentiality

Members must be mindful and respect the confidentially or commercial sensitivity of any information brought before or discussed at the Group meeting or by email. Member votes and opinions and material marked "confidential" must not be discussed or circulated beyond the Group and WAMEP or WATAG membership.

# 9. Adoption and Amendment

The Terms of Reference will be endorsed at the first meeting of every calendar year and updated when necessary. Amendments shall be ratified by WATAG.

# 10. Document Control

These Terms of Reference may only be altered with the approval of the Medicines and Technology Unit (MTU). The table indicates current and previous version approval dates and any significant changes.

| Version | Amendment(s) | Date of approval | Approved by |
|---|---|---|---|
| 1.0 | Original version | October 2013 | Medicines and Technology Unit |
| 1.1 | Contemporise document | March 2015 | Medicines and Technology Unit |
| 1.2 | Contemporise document and include accountability structure under WATAG | February 2016 | Medicines and Technology Unit |
| 1.3 | Update the TOR to contemporise and include the AMS Strategy under PSCQ | May 2017 | Medicines and Technology Unit |
| 2.0 | Update the TOR to contemporise and include the AMS Strategy under PSCQ | August 2023 | Medicines and Technology Unit |
| 3.0 | Expanding membership to formally include the Vice Chair and a Public Health Physician as voting members, to enhance representation and align with the multidisciplinary scope of the committee | July 2025 | Medicines and Technology Unit |
| 3.1 | Update the Title and TOR to reflect WACA's reporting line to WATAG; and incorporate the Department of Health TOR template. | March 2026 | Medicines and Technology Unit |

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