

## Terms of Reference

### 1. Background

**Definition: New technology/clinical practice (TCP)** means a therapeutic intervention (including prostheses; implantable devices; high cost pharmaceuticals; medical, surgical or other clinical procedures) or diagnostic procedure that is considered by a reasonable body of clinical opinion to be significantly different from existing clinical practice.

### 2. Role

To establish a process that will facilitate quality and safety and protect patients, clinicians, managers and the organisation in ensuring that:

- the clinical and financial effects of each TCP are considered at all levels and in all departments
- appropriate training is provided to all staff so that each TCP is performed and equipment is handled safely
- every patient is offered the opportunity to give valid consent to new procedures and is cared for safely and appropriately throughout an episode of care.

### 3. Membership

The Executive Director Medical Services is the Executive Sponsor of TCPC

Committee appointments will include

<b>Permanent Members</b>	
Chair	Appointed by Executive Management Team
Executive Officer	Medical Administration Registrar
Legal/Ethics	Director, Research Services
Evidence	Director, Centre for Clinical Effectiveness
Operational/Financial	Director, Medical Services Director, Procurement Manager, Theatre
Consumer Representatives	By invitation
Clinician Members	Representative of Executive Director Nursing and Midwifery Medical Practitioners Allied Health Representative
<b>Non-Permanent Members</b>	
Co-opted Members	Program Director with expertise in the New Technology/Clinical Practice being considered
Additional Members (for high cost pharmaceuticals)	Chair, Therapeutics Committee Executive Officer, Therapeutics Committee

## 4. Quorum

In meetings involving approval of new applications, in addition to the Chair, there must be at least three clinicians (of which at least two must be doctors) and a consumer representative present to meet quorum requirements.

The Department Head and relevant Program Director (medical, nursing or allied health) of the program submitting the application will attend with the applicant but will not be considered members of the committee for the purpose of establishing a quorum.

An independent Program Director with expertise in the area will be co-opted to participate in the application approval process and will be considered to be a member of the committee for the purposes of establishing a quorum and voting.

In meetings which do not involve approval of a new TCP the quorum will be met if, in addition to the chair, three permanent members of the committee are present.

## 5. Responsibilities

- 5.1. To assess applications to introduce a new TCP into Southern Health
- 5.2. To assess applications for change of use of current TCPs approved at Southern Health
- 5.3. To maintain a register of all applications and approved TCPs
- 5.4. To determine data to be collected and reporting intervals
- 5.5. To maintain a database of follow up data and adverse events of submitted and approved TCPs
- 5.6. To review approved TCPs two years after implementation (or earlier as required) to assess whether they can be reclassified as standard practice
- 5.7. To prepare reports for the Southern Health Executive Management Team
- 5.8. To prepare reports for the Victorian Department of Health
- 5.9. To review referred existing TCPs used within Southern Health
- 5.10. To determine processes for monitoring and reviewing existing TCP
- 5.11. To ensure that the operation of the Committee accords with the relevant policies and guidelines and any other legislative requirements that come to our attention
- 5.12. To ascertain and disseminate evidence of new TCPs (eg horizon scanning)

## 6. Reporting

*The Technology and Clinical Practice Committee should operate within a reporting structure to ensure corporate and clinical governance.*

- 6.1. The Technology and Clinical Practice Committee will report to the Southern Health Executive Management Team
- 6.2. Six monthly reports to be provided to the Victorian Department of Health detailing applications submitted, approved procedures, reviews of existing TCPs and monitoring of introduced/referred TCPs
- 6.3. Six monthly reports to be provided to the Southern Health Executive Management Team. These reports are also forwarded to the Southern Health Community Advisory Committee
- 6.4. To disseminate information and provide advice about TCPs

## 7. TCPC Business Rules

- 7.1. Meetings shall be held once per calendar month or as required.
- 7.2. The Chair, or in the Chair's absence, a member nominated by the Executive Sponsor shall preside as Chair at every meeting of the Committee.
- 7.3. If within thirty (30) minutes from the time appointed for the meeting a quorum (See quorum requirements above) is not present the meeting shall be dissolved.

- 7.4. No business shall be transacted at any meeting unless a quorum is present at the time when the meeting proceeds to business.
- 7.5. The Committee, where possible, shall reach consensus on applications under consideration. At any meeting a resolution put to the meeting shall be decided by consensus.
- 7.6. Where voting becomes necessary the decision of the majority shall be carried. In an equality of votes on a show of hands, the Chair of the meeting shall have the casting vote in addition to the vote to which he/she may be otherwise entitled.
- 7.7. Every permanent member of the committee present in person shall have one vote.
- 7.8. Of the co opted members the independent Program Director will have one vote. The Program Director supporting the new technology will not have voting rights
- 7.9. Where a Committee member abstains or dissents, this fact may, at the discretion of the member, be recorded in the minutes.

**8. Appeals Process**

- 8.1. In the event that an applicant would like to appeal a decision of the TCPC they are encouraged to contact the Southern Health Chief Executive

**9. Quality within the committee**

A quality framework for the committee will ensure proactive effective project management. To be able to demonstrate effectiveness at the end of the project, various data will be collected throughout the project to define the level of effectiveness of the committee. This data will include:

- The number of meetings attended by each committee member or delegate in relation to the number of meetings held.
- The number of quorums throughout the project in relation to the number of meetings held.
- The meeting of reporting requirements.

<b>SH Strategic Plan</b>	Quality and Risk Management	<b>ACHS Function</b>	Leadership and Management
<b>Reviewer:</b>	TCPC	<b>Last review date</b>	June 2010
<b>Authoriser</b>	Chair, Technology/Clinical Practice Committee	<b>Next review date</b>	June 2013

**This hard copy may not be the latest version of this document.**

**Please see the Southern Health Policy and Protocol intranet site for current policies, protocols and guidelines.**