

MEDICAL ADVISORY COMMITTEE TERMS OF REFERENCE

The licensee of the facility must appoint a Medical Advisory Committee for each day hospital or procedure centre site.

1. The Medical Advisory Committee is responsible for advising City Fertility's Board on:

- The accreditation of medical, or other, practitioners to provide services at the facility and the delineation of their clinical responsibilities;
- matters concerning clinical practice at the facility;
- matters concerning patient care and safety at the facility;
- any other matter that may be prescribed by the Private Health Facilities Regulations.

2. The Medical Advisory Committee membership is to be comprised of:

- Three or more medical practitioners (each of whom holds general or specialist registration in the medical profession) pending state guidelines;
- medical practitioners from the range of clinical disciplines outlined in the relevant state guidelines;
- At least one medical practitioner who has no pecuniary interest in the private health facility;
- Such other health practitioners, nominees or representatives of other health care providers, learned colleges or other relevant professional organisations as is considered appropriate;
 - a medical practitioner who has not been credentialed is entitled to attend a MAC meeting however does not have voting rights.

A licensee of a private health facility may be a member of the Medical Advisory Committee for the facility, but must not chair the committee and must not, with other licensees of the facility, comprise a majority of the committee.

3. Re-election of committee

Committee is to be re-elected every three years through an election process.

4. Resignation from the Medical Advisory Committee

Shall be in writing to the Chairperson giving at least one month's notice.

5. Reporting the Health Departments Secretariat

It is a duty of a medical advisory committee to report to the State Health Department Secretary any repeated failure by the licensee of the facility to act on the committee's advice on matters where that failure is likely to adversely impact on the health or safety of patients.

The City Health must, as soon as is reasonably practicable, notify the Secretary in writing of:

- The name, contact details and qualifications of each person who becomes a member of a medical advisory committee for the facility; and
- the date on which each such person ceases to be a member of the committee.

6. Reporting to City Fertility Board

The Medical Advisory Committee meeting minutes will be emailed by the Chairperson to City Fertility's Chief Operations Officer who provides operational reports to the City Fertility Board.

7. Objectives

1. Review applications for accreditation of medical practitioners to ensure:

- A 100-point identity check is complete;
- current AHPRA registration;
- current medical indemnity insurance showing category of cover and expiry date;
- Workplace Health Immunisation Form is complete and evidence provided (including COVID-19 and Influenza where legislated);
- relevant experience related to the scope of practice and clinical responsibilities that they wish to be accredited for;
- nominated procedures are in line with the scope of practice identified in the Health Licence;

- the evidence reviewed of the medical practitioner's competence and performance is in line with the scope of clinical practice under consideration;
 - two credible referees confirm suitability of applicant.
2. Encourage and support quality improvement and other activities aimed at better patient care and better use of resources
 3. Provide advice and sign-off on patient care policies and documents such as:
 - Suitability of the patient for admission to City Health;
 - informed consent;
 - clinical handover;
 - medication management including approved antibiotics and other regularly used medications;
 - clinical indicators such as falls and pressure injuries;
 - deteriorating patient.
 4. Analyse and review performance based on:
 - Adherence to evidence-based practice clinical protocols;
 - incident reports;
 - NPS results;
 - results of internal and external audits.
 5. Support, and provide input into infection control strategies, such as:
 - Hand hygiene compliance and education;
 - anti-microbial stewardship
 8. Analyse and review Work Health and Safety issues
 9. Review results of consumer and carer experience surveys, such as:
 - Post-operative survey data;
 - complaints.
 10. Provide input into equipment requirements and selection.
 11. Review perioperative nurses meeting minutes if applicable.

8. Membership

- Accredited Medical Officers's from each of the specialist areas identified in the State Health Licence scope of practice:
 - Fertility
 - Gynaecology
 - Anaesthesia
- Director of Nursing
- Peri-operative Floor Manager
- General Manager
- Laboratory Manager (IVF)

9. Co-opting power

The committee has the power to co-opt personnel as required i.e. invite anyone to attend a meeting by agreement of the existing members.

10. Quorum

A quorum is three people, including the Chairperson.

11. Frequency of meetings

Meetings are each three months or minimum four times per year.

12. Date and Time

As scheduled and agreed by committee members each year.

REFERENCES

Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners

National Safety & Quality Standards