

# **National Inpatient Medication Chart Oversight Committee**

## **Terms of Reference**

**Final Version**



## **Preamble**

The Australian Commission on Safety and Quality in Health Care (the Commission) officially commenced operation on 1 January 2006. The Commission leads and coordinates safety and quality improvements in Australia's health care system.

The Commission was given specific responsibility for delivering Eight Uniform National Actions agreed by Health Ministers in April 2004. These included a requirement that a common medication chart be used in all public hospitals in Australia June 2006. The remit of the Commission includes the private sector and the primary and ambulatory sectors and the Commission also seeks to extend the benefits of a common medication chart to those parts of the health system.

## **Role of the Committee**

The National Inpatient Medication Chart Oversight Committee (the Committee) of the Commission is created to

1. Advise the Commission on National Inpatient Medication Chart (the NIMC) national version control
2. Identify national impediments to implementation of the NIMC
3. Provide expert advice from the all aspects of the health system including public, private, primary and ambulatory and clinician about the NIMC.

## **Function**

The Committee will undertake the following functions:

1. Advise the Commission on
  - a. the extent of NIMC implementation;
  - b. issues which inhibit NIMC use in specific settings;
  - c. possible solutions to overcoming implementation barriers.
2. Recommend changes to the NIMC including the evidence base and demonstrated national support for the proposal;
3. Provide the Commission with other expert advice relating to NIMC use and implementation.

## **General principles**

1. The Committee represents the whole health sector and not any specific professional group or organisation.
2. Membership should not exceed 16 members including the chairman.
3. The Committee is established as a standing committee of the Commission.
4. The Committee is appointed for two years at which point an evaluation of the Committee will occur and recommendations on its future made to the Commission.
5. The Committee's advice will be augmented by other Commission sub-committees including the Inter-Jurisdictional Committee and the Private Hospital Sector Committee.

## **Key Responsibilities of the Committee**

### ***The Chairman***

The Chairman is nominated by the Office of the Commission. The Chairman is responsible for:

1. Providing leadership on matters relating to the work of the Committee; and
2. Providing the communication link to the Commission on behalf of the Committee.

### ***Members***

1. Members are appointed by the Commission for 2 years.
2. Members are nominees, not organisational representatives.
3. Members are to actively participate in all meetings and share information.
4. Members may be appointed because of their industry networks or expertise but can also be appointed on the recommendation of peak bodies.

## **Meetings**

### ***Frequency and Location***

Meetings will be scheduled as required.

### ***Agenda***

Members will have the opportunity to contribute to the agenda through an agenda nomination process. Items must be within the scope of the Committee Terms of Reference and will be signed off by the Chairman in consultation with the Office of the Commission.

The Office of the Commission will be responsible for issuing the agenda and related paperwork and for providing secretariat support services to the Committee.

### ***Proxies***

Nominated proxies can participate with prior notice.

Members shall make every effort to attend meetings. When members are unable to attend meetings, only their nominated proxy shall attend in their absence.

### ***Quorum***

A quorum shall consist of a majority of members.

### ***Travel and Accommodation***

Travel and accommodation expenses for non-Government members will be met by the Commission consistent with its host agency committee arrangements.

## ***Correspondence***

The preparation and filing of all Committee correspondence shall be the responsibility of the Office of the Chief Executive of the Commission.

All documents relating to the Committee shall be stored at the Office of the Chief Executive of the Commission.

## **Membership**

### ***Nominations***

1. Categories will be identified for all Committee members
2. Where committee seats are to be held by organisations, these organisations will be invited to nominate up to three persons with relevant skills, experience and interest in safety and quality issues. The Commission will then invite a Committee member from that group.
3. Where the committee seat is to be held by a technical or content expert, nominees will be identified from the industry and recommended names provided for consideration.
4. Consumers may be interviewed or could be appointed by peak consumer groups.

### **Members include:**

- Chairman - Commission nominee
- Jurisdictional nominees
- Private sector nominees
- Content experts
- Professional representatives