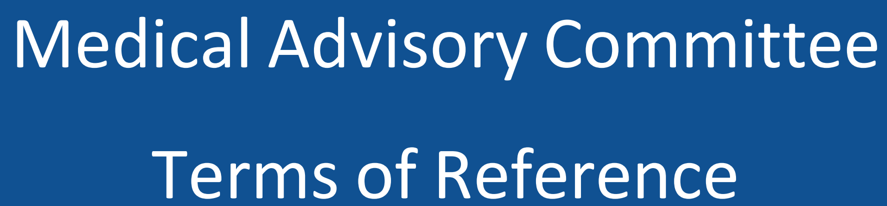
Pre-Hospital Emergency Care Council



Medical Advisory Committee

Terms of Reference

Mission Statement

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

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Published by:

Pre-Hospital Emergency Care Council

April 2022

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VERSION HISTORY

(Please visit the PHECC website to confirm current version)

TOR012: Medical Advisory Committee Terms of Reference		
Version	**Date**	**Details**
1	March 2013	Approved by Council
2	July 2014	Approved by Council
3	March 2017	Approved by Council
4	April 2017	Approved by Council
5	June 2021	Approved by Council
6	August 2021	Approved by Council
7	April 2022	Approved by Council

TERMS OF REFERENCE FOR THE
MEDICAL ADVISORY COMMITTEE OF PHECC

Introduction:

The Medical Advisory Committee derives its authority from Council and its statute-based ability to create Committees of Council, viz.

SI 109 of 2000, PHECC, Article 22

1. Council may establish committees to assist and advise Council in relation to the performance of its business
2. Membership of a committee established by Council may include persons who are not members of Council
3. Any committee so appointed shall act subject to such directives as may be given by Council and any expenditure of monies by such committee shall be subject to the approval of Council
4. Any committee so appointed may be paid Travel and Subsistence allowances in accordance with such scales as may be from time to time be approved by the Minister

The role and structure of Council Committees is set out in the Council's Code of Governance and Business Practice:

- The Chairperson and members of Council Committees are appointed by the Chairperson of Council
- Terms of Reference for Council Committees are approved by Council
- Council Committees may create sub-committees and/or expert groups subject to Council approval
- Sub-committees and expert groups will report exclusively to the Chair of the parent Committee
- Members of Committees, sub-committees and expert groups are bound by the Council's Code of Governance; the Chairperson of the Committee shall ensure that the Code is available to, understood and complied with by all members, whether external appointees, consultants, advisors or PHECC Executive

General/Generic Terms of Reference for Committees of Council:

These generic Terms of Reference [TOR] will be the same for all Committees of Council and are included in the TORs for each Committee.

Committees will:

1. Advise Council or make recommendations on policies within the Committee's Terms of Reference. Implementation of such policies shall be a matter solely for the Executive of PHECC, in consultation with Council.

2. Give assurances, where required, to Council on matters pertaining to the risks to, and the integrity of, the governance processes in PHECC.

And:

3. Chairs of Committees shall be appointed by the Chair of Council.
4. Chairs of Committees should normally be members of Council, except in the case of the Finance Risk Audit & Compliance Committee, where the chair is required to be a suitably qualified external person.
5. Propose new members to their Committee, and, as appropriate, to any sub-committee or expert group created by the Committee. These will be approved and appointed by the Chairperson of Council, whether from Council itself or externally resourced, mindful of State directives on gender balance and other matters.
6. A Sub-committee may be contemplated as a standing sub-committee of the Committee concerned and an expert group may be contemplated to complete a specific time-limited task. A budget for the operation of either a sub-committee or expert group shall be agreed and approved by Council.
7. Chairs of Council Committees shall not act as a Chair of a sub-committee or an expert group.
8. Chairpersons of sub-committees or expert groups may or may not be members of PHECC Council or the Council Committee concerned, in either case, this Chairperson shall report directly to the Chairperson of the Committee concerned.
9. Committees should have a lay representation of at least 30% of their number. For avoidance of doubt, “lay” means persons not regulated by PHECC either in the past or presently.
10. The DPER Guidance Annex (Sep 2020) sets out that member gender balance on State Boards should be 40% female, 60% male (or vice-versa).
11. No membership substitution shall be allowed in any Committee, sub-committee or expert group.
12. Committees should meet not less than once per quarter. Committees should agree with the Chair of Council and the Executive, appropriate levels of Secretarial and other support to the Committee.
13. Committee members are expected to observe a 100% attendance record, but in any event, it should not be less than 75%. This is subject to exceptional circumstances.
14. The Term of Office for all Committee, sub-committee members (and expert group, if appropriate) shall not exceed four years; members may be appointed for a second term of four years.
15. Quorums for meetings should be decided by the Committee based on actual numbers appointed. The quorum should normally be based on 50% of the number of persons on the Committee plus one or nearest whole number.

16. Minutes of Committee proceedings should be laid before Council as quickly as practicable after meetings are held in a format agreed with Council.

17. All proceedings of Committees, sub-committees and expert groups, shall be, and remain, confidential.

18. Decisions regarding advice or recommendations to Council, made by Committees, shall be either by consensus or majority vote. The Chair will have an additional casting vote in the case of a tied vote. If there is a significant minority dissenting vote, that shall also be recorded and reported to Council.

19. Committees shall review their Terms of Reference at least annually and may propose changes to Council, which may approve any such changes. The proposed changes will also be subject to review by the Finance Risk Audit & Compliance Committee.

20. Performance of the Committees shall be reviewed each year, with an independent external review every three years. These reviews should take place in the context of the review of the Council's effectiveness.

21. The structure and number of Council Committees should also be subject to a Periodic Review as required by the DPER Governance Guidelines (Aug 2016).

Specific Terms of Reference for the Medical Advisory Committee:

SI 575 of 2004, PHECC, also sets out in **Article 5,**

(i) by the substitution for sub-article (o) of the following sub-article: —

"(o) prepare clinical practice guidelines for pre-hospital emergency care and make such guidelines available to pre-hospital emergency care service providers and such other persons as it may consider appropriate."

Having regard to the above, the Medical Advisory Committee shall undertake to

1. Consider and advise Council on clinical matters in order to promote the highest standards of professional practice.
2. Provide advice, guidance and/or endorsement to other Council committees as requested, as well as external partners in healthcare with regards to pre-hospital: clinical care standards; patient safety; quality improvement; audit and Key Performance Indicators.
3. Medical Advisory Committee members shall exercise due diligence when providing advice and to consult with appropriate experts when necessary.
4. Promote, via Council, wider health system integration and development of pre-hospital emergency care in Ireland.
5. Recommend to Council internationally benchmarked evidenced based clinical practice guidelines (CPGs). In the absence of published evidence, the committee will use expert

advice/consensus groups to develop the CPGs. In addition to promote review, research, and audit to ensure currency of such guidelines.

6. Undertake such other appropriate tasks and functions as may from time to time, be assigned to the Committee by the Council.
7. The Chair of MAC shall advise the Chair of Council and the Director on clinical matters.
8. Consider and advise Council on priority dispatch matters.
9. Provide advice to Council on response time Key Performance Indicators.
10. Membership of the Medical Advisory Committee is approved to reflect its role as an expert committee and that where the membership is generic as in representing a position or an organisation, that Council need not individually approve membership changes.

    10.1 One registered medical practitioner member of Council as Chair
    10.2 Member of Council as vice-chair
    10.3 Up to two representatives from Council, one being a PHECC registered practitioner and one being a registered medical practitioner
    10.4 The Medical Director or Deputy Medical Director of each statutory ambulance service
    10.5 Up to four PHECC registered practitioners to represent the statutory ambulance services, voluntary organisations (JVOC) and other CPG approved organisations.
    10.6 One consultant in Emergency Medicine nominated by the Irish Association for Emergency Medicine
    10.7 One consultant in Paediatric Emergency Medicine nominated by the Irish Association for Emergency Medicine
    10.8 One registered medical practitioner with pre-hospital emergency care experience nominated by the Irish Society for Prehospital Emergency Medicine
    10.9 One General Practitioner nominated by the Irish College of General Practitioners where not otherwise represented
    10.10 One Geriatrician nominated by the Irish Geriatrics Society
    10.11 Up to three nominees, on recommendation of Chair of MAC following an expression of interest process

Recognising the need to maintain an effective committee size, where a membership position is otherwise represented, that position may not be filled, taking into account the appropriate balance of MAC membership.

With regard to promoting diversity, where appropriate, more than one nominee for a MAC membership position may be sought. Nominations will be selected at the discretion of Chair of MAC taking into account the appropriate balance of MAC membership.

MAC sub-committees

1. MAC shall establish sub-committees to consider specific areas of importance, perform research and develop guidelines or other advisory documentation (such as reports) for MAC.
2. Sub-committees may be standing committees or formed for a defined period.
3. Each sub-committee will have agreed membership and terms of reference, approved by MAC and Council.

4. Each sub-committee shall have a Chair who will report to the Chair of MAC
5. Each sub-committee may consist of other MAC members as required or additional persons with specific expertise. It is envisaged that relevant sub-committees will include membership from related National Clinical Programmes.
6. Meeting frequency will vary according to workload demand and will be agreed between the Chair of MAC, the Clinical Programme Manager, and the Chair of the sub-committee.
7. A summary report on the activities and recommendations of the sub-committee will be provided to MAC at its scheduled meetings by the Clinical Programme Manager and/or Chair of the relevant sub-committee.

Sub-committees and subject matter

1. The Priority Dispatch Committee has become a sub-committee of MAC and the Chair will report to MAC. Membership will consist of appropriate stakeholders and expertise in priority dispatch systems.

2. Sub-committees may be established to provide expert opinion on the following (non-exclusive) areas:
    1. Cardiac
    2. Respiratory
    3. Trauma
    4. Paediatrics
    5. Obstetrics & Gynaecology
    6. Mental Health
    7. Sepsis
    8. Neurological
    9. Clinical Care at Events
    10. Critical Care Paramedic
    11. Community Paramedic (including Treat & Refer)
    12. Responder

Meeting schedules will be determined by the sub-committee chair in consultation with MAC chair to fit with MAC priorities.

Frequency of meetings

The Committee shall hold at least six meetings in every year and may hold such other meetings as may be necessary for the performance of its duties. Attendance at each meeting is expected but no less than 75% is acceptable. Members who consistently do not meet the attendance requirement may be replaced.

Agenda

The agenda will be circulated to Committee members not less than 5 days in advance of the meeting, following agreement with the Chairperson.

Governance and Accountability

The Chair and Vice-Chair shall be members of Council. The Chair shall have an independent vote, while also having a casting vote in the event of the votes on any matter otherwise being equal.

The quorum for Committee meetings will be 50% + 1 members. This will include those attending by video or teleconferencing.

While it is preferable that decisions/recommendations would be agreed by consensus. If this cannot be the case, decisions/recommendations will be made by straight majority vote.

The terms of reference will initially be reviewed by the Committee at the end of the first year and thereafter at the end of Council's term of office. Recommendations to modify the terms of reference will require approval of Council.

Attendance

Members of Council may attend committee meetings but are not members of the committee and do not have a vote. No substitute members will be allowed. Other people, from time to time, as agreed by the Committee chairperson may be invited to attend a specific meeting.

Remuneration

No direct remuneration will be paid to Committee members. Expenses will be paid in accordance with public service travel and subsistence policy. Expense forms must be submitted as per Council policy for expense payments.

Confidentiality

Committee members will ensure that they maintain the confidentiality of all information pertaining to Medical Advisory Committee, sub-committees and Council activities.

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