Technology/Clinical Practice Committee

Terms of Reference

January 2022

Contents

A. BACKGROUND

1. The Technology/Clinical Practice Committee operates under the authority of the Monash Health Executive Committee.

2. The Committee operates in accordance with the Victorian Health Technology Program and the National Safety and Quality Health Service (NSQHS) Standards.

   A health *technology/clinical practice* (TCP) is defined as a therapeutic intervention (including prostheses; implantable devices; high cost medical, surgical or other clinical procedures), or diagnostic procedure.

   A *clinical practice* relates to the care of patients by any Health Professional.

B. PURPOSE AND ROLE

3. The purpose of the Technology/Clinical Practice Committee is to ensure safe, high quality and patient-centred care is considered before introducing new technologies and clinical practices (TCP) that are considered to be invasive or carry a high cost to Monash Health. The Committee also ensures that there is organisation-wide quality improvement of current clinical practice for responsible use of public healthcare resources in Monash Health.

4. The role of the Technology/Clinical Practice Committee is to:

   (a) consider and oversee the introduction of technologies and clinical practices, and the change of use of technologies and clinical practices, that are supported by evidence based on safety, clinical effectiveness and cost effectiveness;

   (b) ensure technologies and clinical practices in current use are consistent with the best available evidence, and opportunities for quality improvement are identified;

   (c) ensure technologies and clinical practices in current use for which there is evidence of harm, lack of effectiveness, or lack of cost effectiveness are considered for disinvestment;

   (d) ensure technologies and clinical practices is monitored, evaluated and transitioned to standard practice;

   (e) recommend credentialing to the relevant Credentialing Committees; and

   (f) ensure the impact of patient safety and patient experience is considered as part of all decision making.

C. SPECIFIC RESPONSIBILITIES

C.1 Assessment of New Technology and Clinical Practice

5. The specific responsibilities of the Technology/Clinical Practice Committee in the area of assessment of new technologies and clinical practices are to:

(a) assess new technologies and clinical practices, or any changes to the use of existing technologies and clinical practices, against best available evidence to determine safety, clinical effectiveness and cost effectiveness;

(b) assess current clinical practice against best available evidence to determine safety, clinical effectiveness and cost effectiveness;

(c) identify current practice that is inconsistent with the best available evidence;

(d) check training and experience of clinicians for new technologies and clinical practices and recommend credentialing to Credentialing Committees (Medical, Nursing and Midwifery, Allied Health);

(e) define data to be collected, analysed and reporting intervals;

(f) ensure a specialist role of consumer representatives in the review and making of recommendations on patient information for new technologies and clinical practices; and

(g) ensure clinicians are appropriately credentialed to perform technologies and clinical practices as part of a clinical trial.

C.2 Monitoring of New Technology and Clinical Practice

6. The specific responsibilities of the Technology/Clinical Practice Committee in the area of monitoring of new technologies and clinical practices are to:

(a) monitor the performance of approved technologies and clinical practices for two years or more as determined by the Committee to ensure safety and quality care;

(b) establish a reporting process for escalation of any adverse event or complications as a result of the new technologies and clinical practices;

(c) maintain records of applications, training and experience of clinicians for new technologies and clinical practices, monitoring and outcomes of new technologies and clinical practices;

(d) evaluate approved technologies and clinical practices two years after implementation (or as required) to assess whether they can be reclassified as standard practice; and

(e) notify the head of unit of any application that is non-compliant with reporting, and to cease until compliance is met.

C.3. Dissemination and Disinvestment

7. The specific responsibilities of the Technology/Clinical Practice Committee in the area of dissemination of new technologies and clinical practices and disinvestment of technologies and clinical practices are to:

(a) ascertain and disseminate evidence of new technologies and clinical practices (for example, horizon scanning);

(b) ascertain and disseminate synthesised evidence on use of technologies and clinical practices as it is published;

(c) provide oversight and governance over the Choosing Wisely (or however named) program in Monash Health;

(d) prioritise recommendations for practice change and improvement opportunities; and

(e) provide recommendations to the Monash Health Executive Committee on opportunities for disinvestment.

D. AUTHORITY AND RELATIONSHIPS

8. The Monash Health Executive Committee authorises the Technology/Clinical Practice Committee to perform activities within these Terms of Reference.

9. The Technology/Clinical Practice Committee may seek information internally and externally and, where necessary, obtain external legal and professional advice to assist in undertaking its responsibilities.

10. The Technology/Clinical Practice Committee may refer items to other committees as required.

E. MEMBERSHIP

E.1 Composition

11. The Technology/Clinical Practice Committee shall comprise of the following members:

Designation/Title

- Chair - Emergency Medicine Physician and Director of Emergency Medicine Research, Monash Health
- Chief Medical Officer (Executive Sponsor)
- Program Director, Surgery and Interventional Services
- Emeritus Director, Monash Heart Representative
- Director Medical Service, Workforce
- Director of Clinical Research Services
- Chair of Monash Health Human Research Ethics Committee
- Director of Nursing and Midwifery Education and Strategy
- Chief Allied Health Officer
- Academic Director of Surgery and Interventional Services
- Professor of Obstetrics and Gynaecology/Consultant Obstetrics and Gynaecology
- Head of Department, Medicine, The School of Clinical Sciences at Monash Health

- Executive Director of Quality, Safety and Risk
- Medical Administration Registrar, Monash Doctors
- Chief Legal Officer
- Clinical Products Manager, Procurement & Logistics
- Medical Services Administration Officer (Secretariat)
- Consumer Representatives (2)

12. Members shall delegate a proxy to attend Committee meetings in their absence. Apologies for inability to attend a meeting will be sent to the Committee Secretariat. Members are required to attend at least 70% of meetings annually.

13. Appointments to the Technology/Clinical Practice Committee are on an *ex officio* basis.

14. The membership list is subject to periodical review and approval by the Chair of the Committee.

E.2 Chair

15. The Monash Health Executive Committee appoints the Chair of the Technology/Clinical Practice Committee.

16. The Chair is responsible for managing the Committee, setting its agenda and work plan and managing proceedings.

E.3 Technical expertise

17. As per section E.1, Composition.

E.4 Secretary

18. The Medical Services Administration Officer(s) will perform the role of the secretariat of the Technology/Clinical Practice Committee.

F. OPERATIONAL PROCEDURES

F.1 Meetings

19. The Technology/Clinical Practice Committee will meet monthly.

20. If the Chair is absent from a meeting and no acting chair has been appointed, the members of the Technology/Clinical Practice Committee present may choose one of them to act as chair for that meeting.

21. A quorum shall consist of eight (50%) members of the Technology/Clinical Practice Committee.

22. Meetings of the Technology/Clinical Practice Committee may be held or participated in by conference call or similar means, as determined by the Chair.

23. Any member or guest of the Technology/Clinical Practice Committee who has a direct or indirect pecuniary interest in a matter being considered, or about to be considered, by the Technology/Clinical Practice Committee at a meeting must, as soon as practicable after the relevant facts come to the person's knowledge, disclose the nature of that interest and, unless the Technology/Clinical Practice Committee agrees otherwise, recuse themselves from that meeting. The disclosure of interest must be recorded in the minutes of the meeting.

F.2 Access and attendance

24. Other attendees at a meeting of the Technology/Clinical Practice Committee may include experts in their field and such other persons as the Technology/Clinical Practice Committee requests to attend. Any such attendees are not members of the Technology/Clinical Practice Committee.

F.3 Decisions

25. The Technology/Clinical Practice Committee will endeavour to reach decisions by consensus. In the absence of consensus, the matter will be referred to the Chief Medical Officer for resolution..

F.4 Meeting documentation

26. Meeting documentation (including the agenda, minutes of the previous meeting and all other relevant documents) will be distributed to the members of the Technology/Clinical Practice Committee and all attendees no later than five working days prior to each meeting.

27. The proceedings of each meeting must be minuted, and the minutes must accurately reflect the work and resolutions of the Technology/Clinical Practice Committee. A draft of the minutes of a meeting must be prepared and promptly provided to the Chair for review. The draft minutes of a meeting must be considered and approved by the Technology/Clinical Practice Committee at the next meeting following and signed by the Committee Chair.

28. Prior to the June meeting in a given year:

    (a) an annual report covering each area of responsibility of the Technology/Clinical Practice Committee must be developed and approved by the Technology/Clinical Practice Committee; and

    (b) an annual meeting schedule for the following year must be distributed to all members of the Technology/Clinical Practice Committee and required attendees.

G. REVIEW OF TERMS OF REFERENCE AND COMMITTEE PERFORMANCE

29. The Technology/Clinical Practice Committee will conduct an annual review of these Terms of Reference and of its performance and provide a report arising from each review to the Monash Health Executive Committee for its consideration no later than the June meeting.