Technology/Clinical Practice Committee

Terms of Reference

March 2023

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A. BACKGROUND

1. The Technology/Clinical Practice Committee (the 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.

3. 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.
4. A *clinical practice* relates to the care of patients by any Health Professional.

B. PURPOSE AND ROLE

5. The purpose of the Committee is to ensure safe, high quality and patient-centred care is considered before introducing new technologies and clinical practices 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.

   The role of the 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 considered for transition 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

6. The specific responsibilities of the 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

7. The specific responsibilities of the 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 should 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

8. The specific responsibilities of the 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 Policy & Strategy Committee on opportunities for disinvestment.

C.4 Assessment of Technology and Clinical Practice for Once Off Use

9. The specific responsibilities of the Committee in the approval for 'Once -off Use' of a new technology and/or clinical practice, as recommended by Unit Director and endorsed by Program Director:

a) assess new technology and/or clinical practice against best available evidence to determine safety, clinical effectiveness and cost effectiveness compared to current technology and/or clinical practice for the unique patient presentation;

b) assess that the potential benefits of the technology and/or clinical practice outweigh the risks for the unique patient presentation;

c) ensure that clinicians have appropriate skills and training to use the new technology or clinical practice;

d) ensure that patient is fully informed of the risks and consent to the technology and/or clinical practice;

e) closure statement within three months of treatment; and

f) limited for single patient use.

D. AUTHORITY AND RELATIONSHIPS

10. The Monash Health Executive Committee authorises the Committee to perform activities within these Terms of Reference.

11. The Committee may seek information internally and externally and, where necessary, obtain external legal and professional advice to assist in undertaking its responsibilities.

12. The Committee may refer items to other committees as required.

E. MEMBERSHIP

E.1 Composition

13. The Committee shall comprise of the following members:

Designation/Title

a) Chair - Emergency Medicine Physician and Director of Emergency Medicine Research, Monash Health;

b) Deputy Chair – to be appointed;

c) Chief Medical Officer (Executive Sponsor);

d) Program Director, Surgery;

e) Emeritus Director, Monash Heart Representative;

f) Director Medical Service, Workforce;

g) Director of Clinical Research Services;

h) Chair of Monash Health Human Research Ethics Committee;

i) Director of Nursing and Midwifery Education and Strategy;

j) Chief Allied Health Officer;

k) Academic Director of Surgery, Perioperative and Procedural Services;

l) Professor of Obstetrics and Gynaecology/Consultant Obstetrics and Gynaecology;

m) Head of Department, Medicine, The School of Clinical Sciences at Monash Health;

n) Executive Director, Quality and Safety;

o) Medical Administration Registrar, Monash Doctors;

p) Chief Legal Officer;

q) Clinical Products Manager, Procurement & Logistics;

r) Director of Library Services;

s) Medical Services Administration Officer (Secretariat); and

t) Consumer Representatives (2)

14. 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.

15. Appointments to the Committee are on an ex officio basis. As such, members are deemed to have resigned from the Committee on their resignation from the position on which their membership is based.

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

E.2 Chair

17. The Monash Health Executive Committee appoints the Chair of the Committee.

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

E.3 Technical expertise

19. As per section E.1, Composition.

E.4 Secretary

20. The Medical Services Administration Officer(s) will perform the role of the secretariat of the Committee.

F. OPERATIONAL PROCEDURES

F.1 Meetings

21. The Committee will meet once every two months.

22. 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.

23. Meetings of the Committee may be held or participated in by conference call or similar means, as determined by the Chair.

24. Any member or guest of the Committee who has a direct or indirect pecuniary interest in a matter being considered, or about to be considered, by the 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 Committee agrees otherwise, recuse themselves from that meeting. The disclosure of interest must be recorded in the minutes of the meeting.

25. In the rare occasion where an extra-ordinary meeting is convened (and quorum was not attained), the recommended decision will be circulated via email for the Committee members in order to reach a consensus.

F.2 Access and attendance

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

F.3 Decisions

27. The Committee will endeavour to reach decisions by consensus. In the absence of consensus, the matter will be referred to the Committee Chair or the Chief Executive for resolution.

28. Decisions made during extra-ordinary meetings (including any offline activity) will be noted at the following Committee meeting.

F.4 Meeting documentation

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

30. The minutes covering the proceedings of each meeting must be documented, and must accurately reflect the work and resolutions of the 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 Committee at the next meeting..

31. Prior to the October meeting in a given year:

    a) an annual report covering each area of responsibility of the Committee must be developed and approved by the Committee; and

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

G. REVIEW OF TERMS OF REFERENCE AND COMMITTEE PERFORMANCE

32. The 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 Policy & Strategy Committee in accordance with the Policy & Strategy Committee work plan.