MEDICATION SAFETY PROGRAMME
EXPERT ADVISORY GROUP

TERMS OF REFERENCE

1. ACCOUNTABILITY

1.1 The Medication Safety Programme Expert Advisory Group (MSEAG) has been established in joint agreement between the Chairs of the Health Quality & Safety Commission (the Commission) and the National Health Board (NHB) to provide expert technical and clinical advice to the medication safety programme in New Zealand.

1.2 The MSEAG is accountable to the Medication Safety Programme Governance Group (the Governance Group). The Governance Group is accountable to the Commission and the NHB.

2. PURPOSE OF THE EXPERT ADVISORY GROUP

2.1 The purpose of the MSEAG is to provide independent clinical and / or technical advice to the Governance Group, the national eMedicines Executive User Group (EUG) , the Commission's and the National eMedicines Programme staff, and to also work actively in the sector on improving the safety and quality of medicines management in New Zealand.

2.2 The MSEAG will provide expert clinical and / or technical medication safety advice on activities that will inform policy initiatives for the strategic direction of the medication safety programme in New Zealand. In providing advice, it must:

- Ensure that relevant programmes directed at health and disability service providers have the capacity to improve health outcomes
- Apply a broad definition of "safety and quality" that is focused on people-centred care, best practice, evidence, innovation and value for money

- Review the international and local literature to identify current knowledge on effective practices to reduce medication error and associated adverse events

- Seek to develop a shared learning environment in the health sector in acting as a “think tank” of clinical and technical experts to inform the safe and quality use of medicines

- Ensure it is responsive to the needs of the medication safety programme in New Zealand, to achieve long term success, effectiveness and sustainability in the future

- Accept projects that may be assigned to it from the Governance Group

- Ensure appropriate consultation has occurred with agencies and other technical and / or clinical advisory groups (Government and non-Government) to ensure optimal outcomes from planned medication safety activities

- Ensure that as a collective, and as individual expert members, they remain well connected across the sector for the efficient and smooth dissemination of information, identification of new trends, risks and /or risk mitigations as required

The MSEAG key tasks are to:

- Inform the development of a national plan for the implementation of medication safety improvement projects in New Zealand including identification of priorities for system improvement

- Utilise an evidence-based approach to promote best practice prescribing, dispensing and administration processes to improve, promote and protect the health and safety of people and communities and thereby minimise risk

- Identify national medication safety priorities by providing clinical and technical expert leadership, advice and support locally, regionally and nationally

- Provide expert advice on the design, sequencing and implementation and evaluation of medication safety activities

- Adopt a leadership role for the design of monitoring and evaluation frameworks for the paper-based and eMedicines projects

- Identify, escalate and inform the development of interim and long-term solutions to medicine associated failures and risks

- Support safe medication practices in all care settings and at points of entry, transfer and discharge with a particular emphasis around high risk medicines, setting, practices and patients

- Facilitate communication and activity regarding medication safety at a local, regional and national level

- Promote sector engagement

- Support provider and consumer groups' involved in medication safety including, and not limited to, Drug and Therapeutics Committees, Medication Safety Clinical and Technical Committees, Governance, Advisory and / or Steering Groups across the health sector and related fields

- Provide expert clinical and technical advice to the Commission's Medication Safety Programme and the National eMedicines Programme teams.

3. COMPOSITION OF THE GROUP

3.1 The MSEAG will comprise a maximum of 12 members with an independent Chair. The Chair will be appointed by the Chief Executive of the Commission. With the approval of the Chair, the MSEAG may also invite the Chairs (or their representatives) of the Medication Safety Programme Governance Group (the Governance Group), the eMedicines EUG and the National Information Clinical Leadership Group to attend the meetings.

3.2 The membership will comprise well respected clinical and / or technical leaders who are experts in their respective fields, and who are actively engaged in medication safety and process improvement. Membership will include, but not necessarily all of or limited to, representatives of:

- Consumers
- District Health Board representatives (doctors, nurses, pharmacists, quality and risk managers / other non-clinical disciplines)
- Primary Care and Private Sector (doctors, nurses, pharmacists, quality and risk managers)
- Aged Care
- Disability support services
- Health Quality & Safety Commission
- Professional bodies and societies

- Government funded agencies e.g. Accident Compensation Corporation, bpac^{NZ}, PHARMAC, Medsafe
- Ministry of Health
- National Health Board and National IT Health Board
- Representation from the four national eMedicine Programme "Centres of Excellence" *(may be short term / project status dependent)*

3.3 Desired skills and knowledge of the collective membership.

3.3.1 Members will have the ability to work strategically and co-operatively, and will have credibility in relevant communities at a local, regional and national level.

3.3.2 Collectively the MSEAG will reflect the following:

- Expertise in quality improvement and clinical risk management in the health and disability sector
- Knowledge of best practice and/or implementation of innovation in the health and disability sector
- Knowledge of health services research, measurement and evaluation
- Knowledge of clinical pharmacology
- Knowledge of technical and electronic clinical systems
- Knowledge of regulation of pharmaceuticals
- Knowledge of national policy development, funding and service delivery
- Clinical and / or technical experience in primary, secondary and aged care
- Experience as a "clinical and / or technical lead" in safe and quality use of medicines initiatives
- Leadership in expanding and engaging sector networks to build knowledge, capacity and capability across the sector for medication safety
- Experience of District Health Board service provision and management at a senior level.

4. TERM AND CONDITIONS OF APPOINTMENT

4.1 Members will either be invited to join the Group and / or appointed following a "call for applicants" and review of credentials by a selection panel. Final decisions on appointments will be made jointly by the Chair of the MSEAG and the Commission's Chief Executive.

4.2 The term of office of members will be staggered to ensure continuity of membership. No member may hold office for more than 6 consecutive years. Members will be eligible for reappointment.

4.3 Any member may at any time resign as a member by advising the Chair in writing.

4.4 A 'Guidelines for Appointment' document has been prepared to assist with the appointment process and should always be referred to in conjunction with these Terms of Reference.

5. REPORTING REQUIREMENTS

5.1 The MSEAG is required to:

- Report as necessary, following each meeting, to the Governance Group. The MSEAG will report quarterly to the Commission, based on financial years

- Keep a record of all meetings, which outlines the matters discussed and includes a clear note of all decisions taken or recommendations made.

6. MEETINGS

6.1 Meetings will be held quarterly in Auckland and / or Wellington unless the Chair decides otherwise.

6.2 At any meeting, a quorum shall consist of six members.

6.3 All meetings will be convened by the Chair (or nominee).

6.4 Items before any meeting shall generally be determined by consensus. Where a consensus cannot be reached a majority vote will apply. Any individual can absent him or herself from the group decision making process, subject to a residual quorum remaining after this process.

7. DUTIES AND RESPONSIBILITIES OF MEMBERS

7.1 The MSEAG has an obligation to conduct its activities in an open and ethical manner.

7.2 Members are expected to:

- Have a commitment to improving medication safety and work collaboratively and constructively to achieve this
- Attend meetings and undertake activities as independent persons responsible to the group as a whole, and not as a representative of any single organisation or group
- Make every effort to attend all meetings and devote sufficient time to become familiar with the affairs of the group and the wider environment within which it operates
- Sign a conflict of interest register when joining the MSEAG and ensure it is updated in accordance with any changes in member status.
- Identify when they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the group functions. They must declare that conflict of interest prior to a meeting and withdraw themselves from any decision making process
- Members may challenge other members if they consider that there is a potential conflict of interest
- Refer requests for media comments to the Chair
- Act, as a collective group, in the best interests of medication safety initiatives locally, regionally and nationally.

8. ATTENDANCE FEES

8.1 Members who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises or crown entities are not permitted to claim costs to attend the MSEAG meetings.

8.2 Claims for costs in attending meetings may be claimed by a member not included in the above groupings (clause 8.1). A process for agreeing fair

and reasonable costs for meeting attendance shall be agreed by the Chair of the MSEAG and the Commission Chief Executive.

9. PERFORMANCE MEASURES

9.1 The MSEAG will be effectively meeting its key tasks when it provides high quality independent expert clinical and technical advice to the Governance Group and the Medication Safety Programme (paper-based and electronic) staff to achieve practical and tangible improvements in the quality and safety of medicine related practices in New Zealand.

Such advice will be based on research, analysis and consultation with appropriate groups and organisations, from both local and international communities.

9.2 The MSEAG must demonstrate active engagement and consultation with the eMedicines EUG and the National Information Clinical Leadership group (under the leadership of the NHITB) in the planning, implementation and evaluation of all projects for the National Medication Safety Programme (paper-based and electronic).

10. THE SECRETARIAT

10.1 The Group will have a secretariat provided by the Commission.

10.2 The responsibilities of the secretariat include:

- preparing and distributing of the agenda and associated papers at least five days prior to meetings
- recording and circulating of minutes no later than a fortnight following the meeting date
- managing the organisational arrangements for meetings, including flight bookings, the provision of rooms and audiovisual equipment
- managing the membership appointment process.