

Pre-Hospital
Emergency Care
Council



Medical Advisory Committee

Terms of Reference

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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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Version History

(Please visit the [PHECC website](#) to confirm current version.)

TOR012 Medical Advisory Committee Terms of Reference		
Version	Date	Details
1	14 March 2013	Approved by Council
2	10 July 2014	Approved by Council
3	24 March 2017	Approved by Council
4	05 April 2017	Approved by Council

Medical Advisory Committee

Terms of Reference:

1. To consider and advise Council on clinical matters in order to promote the highest standards of professional practice. The Medical Advisory Committee is one of the Standing Committees of PHECC.
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 KPIs.
3. Medical Advisory Committee members shall exercise due diligence when providing advice and to consult with appropriate experts when dealing with matters related to their own expertise or the expertise recognised within their nominating organisation.
4. Promote, via Council, wider health system integration and development of pre-hospital emergency care in Ireland (Models of Care).
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 shall continue to advise the executive on clinical matters during an interregnum period between Councils on any ongoing project.
8. Membership

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.

- 8.1 One registered medical practitioner member of Council as Chair.
- 8.2 Chair of Education and Standards Committee.
- 8.3 Chair of Quality and Safety Committee.
- 8.4 The Medical Director or Deputy Medical Director of each statutory Ambulance Service (generic).
- 8.5 A representative, at PHECC registered practitioner or registered medical practitioner level, from each of the recognised Institutions that provide training at Paramedic level (generic).
- 8.6 A representative, at PHECC registered practitioner or registered medical practitioner level, from each of the recognised Institutions that provide training at Advanced Paramedic level (generic).

- 8.7 One PHECC registered practitioner nominated by the Irish College of Paramedics (generic).
- 8.8 One Consultant in Emergency Medicine nominated by Irish Committee for Emergency Medicine Training (generic).
- 8.9 Consultant in Paediatric Emergency Medicine nominated by the Irish Association for Emergency Medicine (generic).
- 8.10 Up to two registered medical practitioner representatives from Council, where not already represented.
- 8.11 Up to two PHECC registered practitioner representatives from Council, where not already represented.
- 8.12 One representative, at PHECC registered practitioner or registered medical practitioner level, from the Joint Voluntary and Auxiliary Organisations Committee (generic).
- 8.13 Up to four nominees at chair of MAC's discretion.

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.

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 shall be a member of Council. The Chair shall not have an independent vote, but only a casting vote in the event of the votes on any matter otherwise being equal.

The vice-chair shall be elected by the members of the Medical Advisory Committee by secret ballot following nomination from among the membership.

The quorum for Committee meetings will be 5 members. This will include those attending by video or teleconferencing.

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

A Working Group(s) of the Committee may be established, as necessitated from time to time, and as agreed by the Committee chairperson. It may include external persons as approved by the Chair. A summary report on the activities and recommendations of the Committee will be provided to Council at its scheduled meetings by the Programme Development Officers.

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

Only members of the Committee will be invited to attend the committee. 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 and Council activities.



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