



# 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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2nd Floor, Beech House,  
Millennium Park, Osberstown,  
Naas, Co Kildare, W91 TK7N,  
Ireland.

T: + 353 (0)45 882042

E: [info@phecc.ie](mailto:info@phecc.ie)

W: [www.phecc.ie](http://www.phecc.ie)

### **Version History**

**(Please visit the [PHECC website](http://www.phecc.ie) to confirm current version.)**

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## 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*

### General/Generic Terms of Reference for Committees of Council:

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

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.
3. Propose new members to their Committee and these will be approved and appointed by Council, whether from Council itself or externally resourced, mindful of State directives on gender balance and other matters.
4. 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.
5. Chairs of Committees should normally be members of Council, except in the case of the Compliance and Audit Committee, where it may need to be a suitably qualified external person (per the C&AC Charter [2017], approved by Council)
6. Chairs of Committees shall be appointed by the Chair of Council.
7. An informal working group may be formed for a specific purpose and with Council's prior approval of its formation and terms of reference.
8. Chairs of Council Committees shall not act as a Chair of an informal working group.

9. 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 Compliance & Audit Committee.
10. Minutes of Committee proceedings should be laid before Council as quickly as practicable after meetings are held in a format agreed with Council.
11. 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.
12. 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.
13. Quorums for meetings should be decided by the Committees 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.
14. No membership substitution shall be allowed.
15. All proceedings of Committees shall be confidential, and all papers shall be returned to PHECC at the end of members' terms.
16. Decisions regarding advices, 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.
17. 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.
18. The structure and number of Council Committees should also be subject to a Periodic Review as required by the DPER Governance Guidelines (Aug 2016)
19. A summary report on the activities and recommendations of the committee will be provided to council at its scheduled meetings by the Clinical Programme Manager and/or Chair of MAC.

### **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 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 member of MAC as chair.
5. Each sub-committee may consist of other MAC members as required.
6. Each sub-committee may consist of additional persons with specific expertise. It is envisaged that relevant sub-committees will include membership from related National Clinical Programmes.
7. 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.
8. 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 will be chaired by a member of 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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2<sup>nd</sup> Floor, Beech House,  
Millennium Park,  
Naas,  
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Ireland

**Phone:** +353 (0)45 882042

**Email:** [info@phecc.ie](mailto:info@phecc.ie)

**Web:** [www.phecc.ie](http://www.phecc.ie)