

Western Australian Therapeutics Advisory Group

Terms of Reference

1.0 Name

The committee shall be known as the Western Australian Therapeutics Advisory Group (WATAG).

2.0 Purpose

Vision: To ensure the quality use of medicines throughout Western Australian health services.

Mission: WATAG aims to contribute positively to the health of West Australians by ensuring the safe, appropriate and cost-effective use of medicines through the strategic guidance of the State-wide Medicines Formulary (SMF).

Goals:

- a. Support a single list of approved medicines with appropriate restrictions and guidance for all Health Service Providers (HSPs), including adult, neonatal and paediatric formularies.
- b. Apply the principles guiding the Quality Use of Medicines in all activities.
- c. Promote medicine safety through reduced prescribing errors, improved continuity of care and standardised medicine use procedures and protocols.
- d. Facilitate efficiencies in the evaluation of medicines by reducing duplication of Drug and Therapeutics committee processes, including implementation of systems for the use of data to support evaluation activities.
- e. Foster a prescribing environment that makes decisions based around the value of medicines in everyday clinical activity.
- f. Identify increases in purchasing power and integrate medicines procurement with the SMF.
- g. Create an accountable and transparent system for medicine evaluation, access and use in the public health system.
- h. Guide strategic alignment with electronic medicines management systems and electronic prescribing priorities.

3.0 Responsibilities

The WATAG will:

- Provide strategic direction for the SMF.
- Guide the standardised use of medicines in Western Australia based on clinical efficacy, safety and cost-effectiveness.
- Ensure ongoing engagement of stakeholders in the evolving functions of the SMF.
- Review and evaluate medicines utilisation to support and enhance equitable, safe and quality use of medicines in Western Australia.

- Undertake project work as required.

4.0 Membership

4.1 Chair

The Chair will be nominated from the membership of WATAG and recommended by a majority of members for appointment by the Assistant Director General, Clinical Excellence Division. If no WATAG member is nominated, an appointment may then be made by the Assistant Director General, Clinical Excellence Division.

4.2 Voting members

The WATAG shall consist of at least 12 voting members which will be made up of the following:

- representatives from each of the HSPs (East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service, Child and Adolescent Health Service and PathWest). (The WATAG Chair may request that HSPs nominate members from specific clinical disciplines)
- one to two senior medical staff from general or specialist hospital/s
- one to two senior pharmacists
- one nurse practitioner
- one to two members from WA Department of Health
- one to two junior medical officer representatives
- one medicine safety representative
- one consumer advocate

Members may take up to two positions on WATAG at the discretion of the Chair. Members may be opted in for specific subspecialties at the discretion of the Chair or WATAG.

Public, Private Partnership organisations (PPPs)

HSP executives may choose to request a nomination from Public, Private Partnership organisations.

Additional expert members

Expert members may be nominated and approved by WATAG or co-opted by the WATAG Chair for short-term projects

4.3 Corresponding members:

- the Chair, in consultation with members, may establish a network of stakeholders as corresponding members who are not required to attend meetings, but will receive agenda and minutes of the Committee, and may participate in email discussions, consultations and communications from WATAG
- the appointment of a corresponding member is at the discretion of the Chair and is subject to review at all times
- will not ordinarily be entitled to vote on WATAG resolutions, but may be co-opted by the Chair or act as proxies with voting rights, at the discretion of the Chair
- will be required to declare any actual, potential or perceived conflict of interest

- will be required to observe the confidentiality of committee business, and to not circulate WATAG information or material to others, unless requested to do so

4.4 Appointments

Members may be appointed in relation to their professional networks, expertise and knowledge and, where relevant represent their area health service. Potential members may be identified by the Chair, WATAG members, WATAG subcommittees, Heads of Departments, Health Networks or expression of interest sought by advertisement. Appointments must be elected by a majority of WATAG members.

The Chair and members will be appointed for a term not exceeding three years at which point the position will be eligible for renomination and reappointment. Members co-opted by the Chair shall be appointed for a specific limited term.

4.5 Responsibilities

The Chair is responsible for providing leadership, open communication to all stakeholders and working with the Secretariat to ensure the Group's responsibilities are carried out optimally.

Members are to actively participate in all meetings and decision making; gather, share information and provide expert advice to support the SMF. Members assigned to represent HSPs will be responsible for sharing and conveying information between their HSPs, executive and clinical teams and the WATAG.

For projects initiated by HSPs requiring WATAG support, HSPs will be responsible for project governance and support. WATAG will provide advice, and the Formulary Management Team (FMT) within the Patient Safety and Clinical Quality Directorate will provide limited support in line with WA health priorities.

4.6 Secretariat

The Secretariat for the Group will be provided by the Patient Safety and Clinical Quality Directorate, Clinical Excellence Division. The Secretariat may provide advice to the Group but will not have voting rights. The Secretariat will be responsible for facilitating decision making by the Group, convening expert advisory groups and project work streams, recording minutes of meetings and managing and storing documents arising from the Group's activities.

5.0 Meetings

5.1 Frequency and location

Business will be conducted out of session wherever possible. Meetings (face to face or by teleconference) will be held at the discretion of the Chair or as agreed in consultation with members, in response to need.

5.2 Quorum

Half the number of official voting members or greater is required to constitute a quorum. This should include at least two medical and two pharmacist representatives.

5.3 Proxies

Proxies may be nominated by a member who is unable to attend a meeting and will be at the discretion of the Chair.

5.4 Resolutions

Recommendations and other resolutions from the Group shall be passed by a majority of the members present. Resolutions at meetings where a quorum is not present will require confirmation at a later meeting at which a quorum is present.

5.4.1 Voting

The Chair shall have a deliberative vote and in case of an equality of votes, the Chair shall have a casting vote.

5.4.2 Out-of-session resolutions

The Chair may elect to determine the Group's position by an out-of-session vote. A written proposal will be circulated to members with a time and date for responses to be returned. Members will be advised of the outcome promptly after a resolution.

6.0 Conflicts of interest

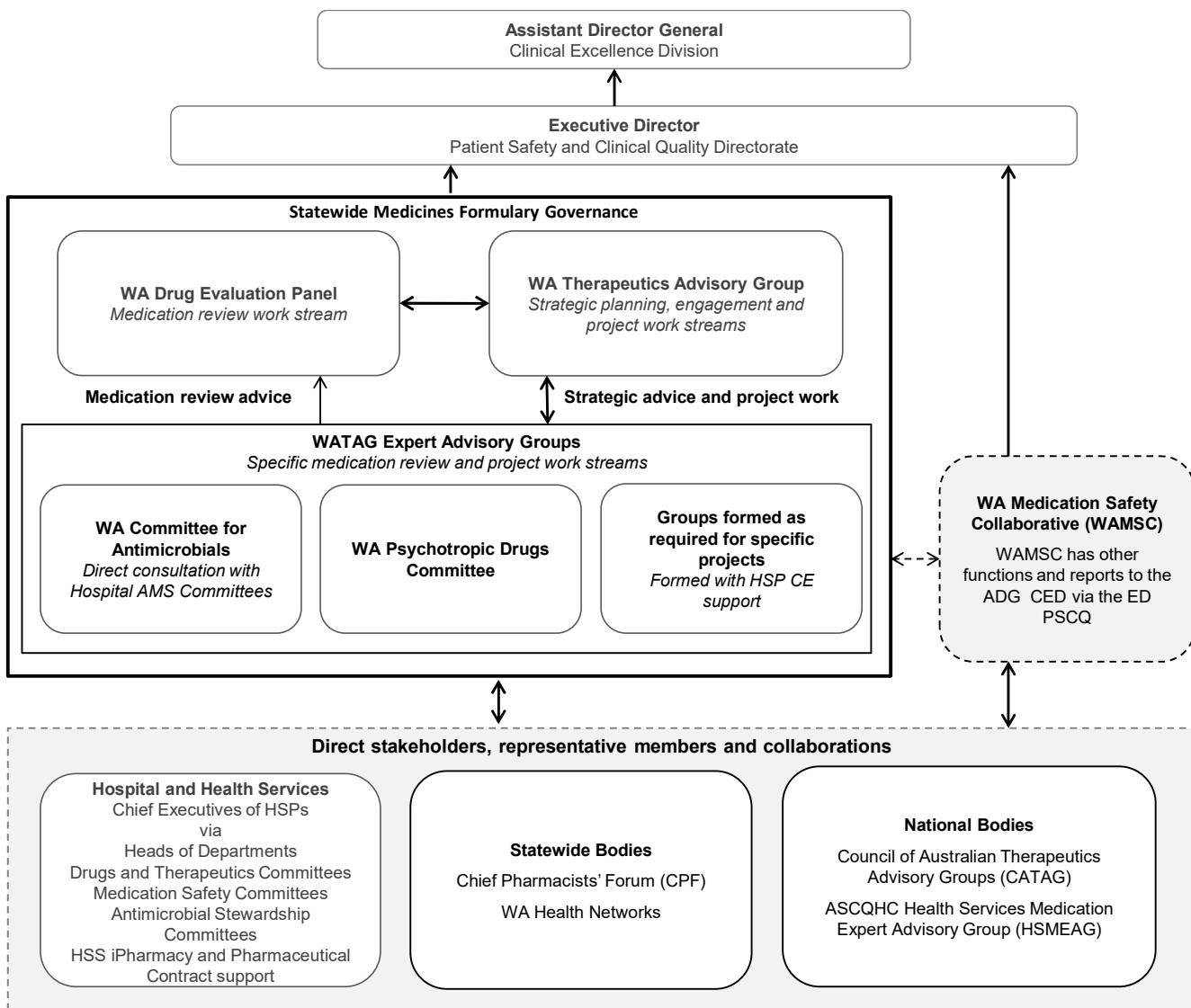
Each member of the Group shall abide by the WA Health Code of Conduct and declare any potential conflicts of interest in matters of concern to the Group. Members shall complete and sign a Declaration of Potential Conflict of Interest (COI) annually, at the commencement of a new calendar year, and declare any potential COI verbally when in a meeting or in writing when out-of-session matters arise. Where a perceived, potential or actual conflict of interest has been declared, the Chair shall determine how to proceed and advise the meeting accordingly. The nature of the conflict and action by the Chair shall be recorded in the minutes.

7.0 Confidentiality

Members must be mindful and respect the confidentially or commercial sensitivity of any information brought before or discussed at the Group meeting or by email. Member votes and opinions and material marked "confidential" must not be discussed or circulated beyond the Group or WADEP membership.

8.0 Accountability

WATAG reports and is accountable to the Assistant Director General, Clinical Excellence Division via the Executive Director, Patient Safety and Clinical Quality Directorate. The WA Drug Evaluation Panel works alongside WATAG to support the SMF (see framework). WATAG may support the FMT to establish advisory groups or specific project work streams to support the SMF as required. Terms of Reference for project work streams will be developed by the FMT with the support of WATAG.



Accountability Framework

9.0 Annual Report

The Chair, with the assistance of the Secretariat, will provide an Annual Report on the activities of the Group for reporting to the Assistant Director General, Clinical Excellence Division and to the Health Services Chief Executives.

10.0 Adoption and Amendment

The Terms of Reference will be endorsed at the first meeting of every calendar year and updated when necessary.