National Medication Safety Advisory Group

Terms of Reference

Background

The terms of reference define the structure and purpose of the National Medication Safety Advisory Group (NMSAG). NMSAG is made up of healthcare providers, consumers and representatives from stakeholder organisations.

Aim

To achieve safer, more effective and appropriate use of medication across New Zealand to improve health outcomes.

Purpose

The key purpose of the NMSAG is to promote the safe use of medication in New Zealand, to advise the sector on medication safety, and to address medication safety issues by:

a. working in **collaboration** with stakeholders across the system
b. **providing advice** and recommendations to the Health Quality & Safety Commission (the Commission) informed by evidence and knowledge (international, national, and local) on strategies to improve the quality and safety of medication use in New Zealand
c. **sharing information** that supports a national approach to quality and safety improvements in the use of medication by New Zealanders aligned with the New Zealand Triple Aim
d. **fostering a coordinated approach** to improving the quality and safety of medication use and improving patients' experience of care
e. **identifying opportunities** to strengthen alignment with other Commission programmes.

Membership

The NMSAG will comprise up to 15 members. The Chair will be nominated from within NMSAG on an annual basis.

Members will be drawn from organisations with stakeholder roles in the safe use of medication to bring a breadth of knowledge and skills across the medicines continuum. Māori representation and consumer engagement are key to ensure that activities meet the needs of our population.

Membership will include the following representation:

- Māori (consumer and clinical)
- consumer (the terms 'patient' and 'consumer' are used interchangeably)
- doctor (for example physicians, general practitioners, clinical pharmacologists, anaesthetists, psychiatrists) across primary care, community and hospital
- pharmacist: across primary care, community and hospital
- nurse: across primary care, community and hospital
- District Health Board quality and risk manager
- epidemiologist and/or medical informatician
- key stakeholder representatives (ex officio status).

Ex-officio status will apply to stakeholder representatives from the Accident Compensation Cooperation (ACC), Medsafe, Ministry of Health (MoH), New Zealand Formulary (NZF), New Zealand Pharmacovigilance Centre (NZPhvC), New Zealand Private Surgical Hospitals Association (NZPSHA), the Office of the Health and Disability Commissioner, and PHARMAC.

Ex-officio status will also extend to the following Commission staff:

- Clinical Lead, medication safety
- Medication Safety Specialist
- Manager Patient Safety
- Advisor Patient Safety

Ex-officio members have been selected by their employing organisation to represent the organisation's roles and interests around medication on NMSAG. The role, responsibilities and rights of ex-officio members are the same as for other members.

Additional members may be co-opted to provide specialist advice as and when required.

Standards of Integrity & Conduct

All members are expected to adhere to the Standards of Integrity and Conduct set by the State Services Commissioner as per the State Sector Act 1988, section 57 (see State Service Commission, Integrity and Conduct: www.ssc.govt.nz/integrityandconduct). This outlines the four main pillars of being fair, impartial, responsible and trustworthy. Any major breach of these, after investigation, may result in the termination of an appointment.

Responsibilities

The NMSAG has an obligation to conduct its activities in an open and ethical manner. Members are expected to:

a. bring an understanding of equity and cultural diversity to the group, with an emphasis on upholding our obligations under Te Tiriti o Waitangi
b. demonstrate their links to their networks and engage with and consult widely with these groups
c. bring knowledge of best practice, evidence, and science to the NMSAG to inform discussion, advice to the sector, and inform the strategic direction of the Commission's medication safety activities
d. work collaboratively within NMSAG and across the sector on improving health outcomes, system performance, fostering equity and improving the experience for healthcare consumers through the appropriate and safe use of medication
e. to attend a minimum of two meetings a year, unless exceptional circumstances are identified
f. devote sufficient time to become familiar with the interests of the NMSAG
g. provide advice to and review materials from the NMSAG
h. take an active role in the activity of any working group to which they are assigned; membership of a working group will be aligned with a member's area of expertise, specific areas of interest / development
i. identify and declare any conflicts of interest and proactively manage any conflicts
j. refer requests for media comments to the Commission.

Consumer members are expected to demonstrate their links to consumer groups and engage with and consult widely with these groups. The consumer representative(s) will:

a. provide advice about medication safety from a consumer perspective and be able to represent their own views from real experience, and the views of their community

b. promote the work of the NMSAG and the Commission with local, regional, and national consumer groups and health agencies / partners
c. support and promote consumer leadership capability development in medication safety.

Meetings and Decision-making

The NMSAG will discuss feedback / issues on medication safety received from across the system and agree action regarding these activities and by whom. Formal recommendations that do not fit within the remit of the members present will be forwarded to the Commission for referral to the appropriate stakeholder.

Operating principles are:

a. the NMSAG will meet a minimum of four times annually face to face
b. a quorum will be a minimum of ten members
c. where substantive decisions or recommendations are required, all members will be encouraged to contribute at a meeting and / or by email
d. every effort will be made to make consensus-based decisions. If a consensus cannot be reached, a vote will be required to confirm NMSAG decisions. A simple majority of members present will be required and will normally be conducted by a show of hands. In the event of a drawn vote, the Chair will have an additional casting vote. The vote will be recorded in the minutes. Members will respect the decision of the majority and will not speak against any decision.

Working groups

NMSAG may appoint working groups to address a particular medication safety initiative. Such working groups may include members of the NMSAG and co-opted non-NMSAG members chosen for their particular skills, attributes or knowledge relevant to the scope and functions of the working group. Where appropriate, working groups will adopt a kaupapa Māori engagement framework.[1] Working groups will report to the NMSAG, have a terms of reference, and meet as required. Working groups will be disbanded when the purpose of the working group is achieved.

Secretariat

The NMSAG will have a secretariat provided by the Commission. The responsibilities of the secretariat (with expertise and technical advice and guidance from the Medication Safety Specialist and Clinical Lead) will include:

a. preparing and distributing the agenda and associated papers prior to meetings (ideally at least 10 working days prior)
b. recording and circulating the minutes to NMSAG members (for feedback and approval) no later than 10 working days after a meeting
c. publication of the minutes on the Commission's website no later than six weeks after a meeting
d. managing the organisational arrangements for meetings, including flight bookings, venue bookings and audio-visual equipment
e. managing the membership appointment process
f. coordinating activities of the NMSAG between meetings.

Reporting and Communication

Progress of the NMSAG will be reported after each meeting via minutes prepared by the secretariat with overview and approval by the Chair.

[1] Te Arawhiti, the Office for Māori Crown Relations. Guidelines for engagement with Māori. October 2018. URL: tearawhiti.govt.nz/assets/Maori-Crown-Relations-Roopu/6b46d994f8/Engagement-Guidelines-1-Oct-18.pdf

Key messages (which may include, but are not limited, to safety alerts, safety signals, open-books, technical commentaries, position statements, emerging evidence scans) from the NMSAG will be distributed via the Commission's communication networks and mechanisms such as the website, newsletters, and other stakeholder channels as appropriate.

Terms and Conditions of Appointed Members

Members will be appointed either by invitation to join or following an 'Expressions of Interest' process. Nominations may also be sought from healthcare organisations and professional bodies across the New Zealand health sector. Applications will be reviewed by a selection panel with recommendations for appointment made to the Commission and endorsed by the Clinical Lead for the programme.

Terms of appointment are for three years with the ability to re-appoint for a further term(s). As members terms come up for renewal each will be considered on their merits and informed by the need to manage knowledge continuity and expertise on the NMSAG.

Any member at any time may resign by advising the Commission in writing.

Fees and expenses

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 a fee to attend the NMSAG meetings.[2] The Commission has a fees framework that applies to members who are not included in the above groupings.

The Commission will provide flights, accommodation (as reasonable and necessary) and taxi fares for attendance at meetings. If not booked through the Commission, the Commission will reimburse expenses. The expectation is that standards of travel and accommodation expenses are modest and appropriate to reflect public sector norms.[2]

Review

The terms of reference for the group will be reviewed three years after the date of signing to ensure their continued relevance to the Commission and medication safety.

Accepted on behalf of the NMSAG.

Chair:

Sandra Fielding

Date: 8 November 2019

[2] Cabinet Office Circular CO (19) 1. Revised fees framework for members appointed to bodies in which the Crown has an interest. 17 June 2019. URL: dpmc.govt.nz/sites/default/files/2019-06/co19-1-revised-fees-framework.pdf