

Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal

**QCG Steering Committee
Terms of reference 2020–2022**



Approvals

Director Queensland Clinical Guidelines

The Terms of Reference were accepted by the Queensland Clinical Guidelines Steering committee on 8th September 2020

Signature:

Date: 08/09/2020

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1 Purpose

The purpose of the Queensland Clinical Guidelines (QCG) steering committee (the committee) is to provide clinical leadership, advice and assurance during the development and implementation of evidence informed statewide clinical guidelines and associated resources.

2 Principles

Guiding principles are to:

- Place consumers and their families at the centre of decisions
- Promote clinician led, multidisciplinary and thorough consultative processes
- Provide evidence informed recommendations based on:
 - Best contemporary evidence, expert consensus, healthcare context and system implications are considered
- Respond to clinical need
- Align to Queensland Health strategic objectives
- Respect perspectives and value contributions from all stakeholders
- Support statewide clinicians and teams to deliver safe, high quality services and better care experiences

3 Clinical governance

The committee has a central role in supporting good clinical governance of QCG, consistent with Department of Health policy and frameworks. This occurs in conjunction with several other formal and informal relationships.

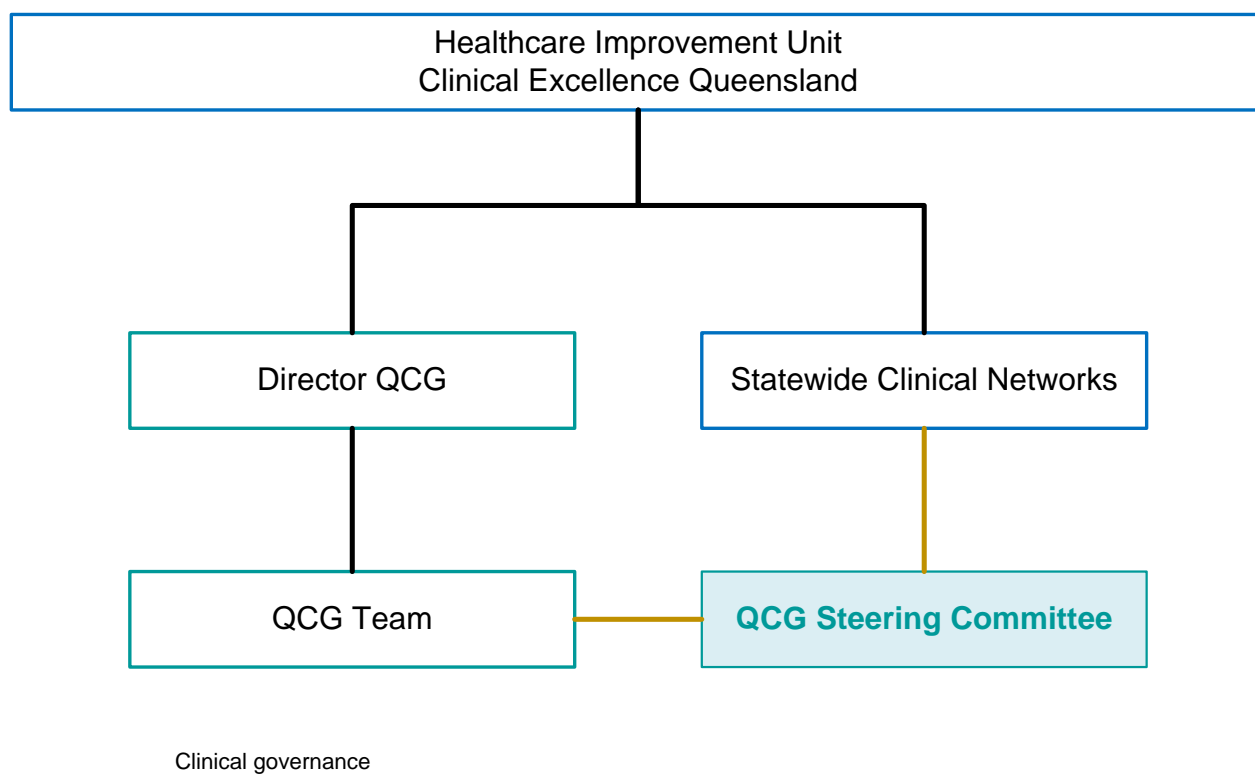


Figure 1. Clinical governance QCG

4 Functions and accountabilities

Guidelines and resources add value to care by informing clinical decision making and supporting continuous improvement within the Queensland healthcare system. Functions and accountabilities of the committee include:

- Clinical governance and quality assurance through endorsement of clinical guidelines and associated resources
 - Guided by the QCG *Endorsement framework*
 - Final endorsement is provided by the committee of the relevant Statewide Clinical Network or equivalent peak body in Queensland Health
- Inform and advise on the prioritisation of clinical topics for clinical guideline development across healthcare disciplines
 - Initially focused on maternity and neonatal topics
 - Expansion into other clinical areas may alter the process and governance of prioritisation
- Inform and advise on planning, development, implementation and evaluation activities
- Promote and advocate for the use of evidence informed practice
- Engage statewide clinical networks, clinicians, clinical support teams, and other stakeholders to inform and communicate decisions and recommendations
- Support and advise on integration of evidence into clinical support systems
- Request additional information, advice or endorsement from other expert groups/bodies as required
- Consider for endorsement hosting and linking of materials not developed by QCG for inclusion on the QCG website
 - Guided by QCG *Hosting and linking framework*
- Inform and advise on relevance and suitability of resources to the Queensland healthcare context

4.1 Functions and accountabilities excluded

- Operational management including financial and human resource management of the QCG team
- As per the [Queensland Clinical Guidelines disclaimer](#)
 - Clinical outcomes arising from use or non-use of endorsed products
 - Uptake or implementation of guidelines by Hospital and Health Services, or clinicians.
- Detailed cost-benefit modelling and analyses related to clinical guideline recommendations or implementation (e.g. workforce implications or health economic modeling and analysis)

5 Decision making

- A quorum of greater than 50% of members is generally required to exercise decision making
- Decisions are carried by majority consensus of members in attendance or who have submitted an opinion or question in writing/email prior to the time of decision
- The Chair may exercise discretionary decision-making on behalf of the committee where high priority, time sensitive matters require an immediate decision, or where matters are not considered of high clinical importance
- Decisions can be made at meetings or out of session (ad hoc)
- Wherever possible, one to two weeks will be allowed for reading/consideration of matters requiring a decision

6 Roles

Membership will be multidisciplinary and aim to incorporate:

- Consumer representation as per QCG [Consumer engagement strategy](#)
- Clinician representation from a range of specialties and disciplines
- Cultural capability
- Geographic distribution
- System representation (e.g. safety and quality, medication safety)

Membership can be amended by agreement from the committee or the Chair

6.1 Role of the chair

The Chair of the committee is expected to:

- Lead the committee in delivering on the terms of reference
- Chair meetings of the committee, or delegate the responsibility
- Represent the views of the committee at meetings with Department of Health and Hospital and Health Service (HHS) leadership
- Exercise discretionary decision making on behalf of the committee where high priority, time sensitive matters require an immediate decision.
- Review declared potential conflicts of interests as required and recommend actions within the scope QCG [Conflict of interest statement](#)
- Certify formal communications including letters and reports on behalf of QCG
- Provide advice to QCG team, QCG Director and Healthcare Improvement Unit in relation to operational matters
- Fulfil the same expectations as members [refer to Section 6.2 Role of members]

6.2 Role of members

Members (including the Chair) are expected to:

- Formulate an opinion and participate in decision making of the committee
- Apply QCG frameworks and checklists to assist in decision making
- Establish links with stakeholders and consult appropriately
- Represent the views and interests of consumers, departments or organisations as relevant to their membership
- Disseminate information to relevant stakeholders about QCG activities (e.g. EOI opportunities, endorsed guidelines, new resources, changes to guidelines) within the confines of privacy and conflict of interest requirements
- Facilitate the provision of feedback as required, recognising QCG time constraints
- Assist the Chair in relation to conflicts of interest of the committee and working party members
- Comply with privacy and conflict of interest processes of QCG and Queensland Health
- Promote and advocate for the use of evidence informed practice and QCG resources

Members:

- May be invited to discuss decisions and processes with Statewide Clinical Networks and peak bodies
- Will be acknowledged collectively as 'QCG steering committee' in all guidelines. Individual contributions as clinical lead or working party member will be acknowledged in the guideline according to the QCG [Working party statement](#)

6.2.1 Conflict of interest

A conflict of interest is any interest that may reasonably be considered in conflict with the purpose and interests of the committee. Members are expected to

- Abide by the QCG [Conflict of interest statement](#)
- Disclose any actual, perceived or potential conflicts of interest to QCG in writing as soon as they become apparent. The onus is on the individual to declare conflicts of interests arising from the last three years.

Declared interests will be recorded and may be reviewed by the committee.

6.2.2 Code of conduct

Members are expected to adhere to the [Queensland Code of Conduct](#) in the performance of their role and functions.

6.2.3 Duty of confidentiality

The committee may be provided access to confidential and sensitive information, documents or discussions. The *Health Services Act (1991)* protects the confidentiality of this information by restricting disclosure of any information acquired as part of this working group. Confidential information will be used solely for the permitted use of the committee and not further disclosed.

7 Commitment

Members can expect to commit 3–4 hours per month to steering committee business.

- Meetings are second monthly on the second Tuesday of the month 2:00–3:30 pm
- Attendance at meetings is via teleconference or in person
 - If the member is unable to attend, an apology is provided to QCG prior to the meeting (where possible); acknowledging that unanticipated clinical priorities can occur
 - A proxy may be nominated if a member is unable to attend
- A response for out of session advice or endorsement may be required
- Attendance at ad hoc meetings (in addition to the regular meeting) may be requested by the Chair

7.1 Participation

The contribution of all members is important for decision-making, therefore consistent attendance and participation is essential. If a member is consistently unable to fulfil their commitment, the Chair may review their membership.