National Clinical Effectiveness Committee

Modus Operandi (V3)

March 2016
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Version History

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<th>Date</th>
<th>Version</th>
<th>Details</th>
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</tr>
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<td>Oct 2015</td>
<td>2</td>
<td>Updated by NCEC</td>
</tr>
<tr>
<td>March 2016</td>
<td>3</td>
<td>Updated at NCEC meeting</td>
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1. Introduction
The National Clinical Effectiveness Committee (NCEC) was established as part of the Patient Safety First Initiative. The NCEC is a partnership between key stakeholders in patient safety. NCEC’s mission is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient and service user care.

Clinical effectiveness is a key component of patient safety and quality. The integration of national and international best available evidence in service provision through utilisation of clinical effectiveness processes promotes healthcare that is up to date, effective and consistent.

Clinical effectiveness incorporates the utilisation of quality assured National Clinical Guidelines, National Clinical Audit and general clinical practice guidance. This is a quality improvement approach which promotes cost-effective healthcare that is evidence-based, with subsequent improved clinical decision making and clinical outcomes.

NCEC Terms of Reference
1. Provide strategic leadership for the national clinical effectiveness agenda.
2. Contribute to national patient safety and quality improvement agendas.
9. Establish sub-committees for NCEC work-streams.

The Clinical Effectiveness Unit in the CMO Office in the Department of Health supports the work of the NCEC.

2. Vision of the NCEC
The vision of the NCEC is that of the Commission on Patient Safety and Quality Assurance.

‘Knowledgeable patients receiving safe and effective care from skilled professionals in appropriate environments with assessed outcomes.’

3. Mission of the NCEC
In support of this vision, the mission of the NCEC is to:

‘Provide a framework for national endorsement of clinical guidelines and audit to optimise patient care’.
4. Roles and Responsibilities of the NCEC

4.1 Membership
The NCEC comprises experts appointed to the role by the Minister for Health from key stakeholders in Irish healthcare (Appendix 1). Members are appointed to represent key strategic, regulatory and operational stakeholders. Tenure is for a three to five year time period (50% of members for a three year term). Consistent with good governance practice no member of NCEC should serve more than two full terms of appointment except in exceptional circumstances.

Patients
Patients are represented by two members. Patients do not need any formal qualifications to be an NCEC member, and they are not required to act as a representative of a patient organisation. However, they should understand the range of experiences of patients and be willing to reflect these different experiences, rather than basing their views only on their own experience. They should not have practiced as a registered health professional for a minimum of 5 years. At a minimum one patient member should have experience of being a member of a guideline or audit development group.

4.2 Responsibilities of the NCEC
The NCEC will:

- Develop processes and systems in order to meet its terms of reference.
- Review summary reports of prioritisation and quality assurance assessments of clinical guidelines and audit prepared by the NCEC Sub-groups and appraisal teams in order to recommend clinical guidelines and audit to the Minister for Health for endorsement as a National Clinical Guideline or National Clinical Audit.
- Establish Sub-groups. to establish three subgroups (a) Clinical Guideline Methodology Sub-group (b) Clinical Audit Sub-group (c) Education and Training Sub-group.
- Appoint a Chair of each Sub-group.
- Prioritise, oversee and endorse documents produced by the NCEC Sub-groups.

4.3 Responsibilities of NCEC Members
All members of the NCEC shall:

- Ensure that NCEC meets its terms of reference.
- Commit to attending a minimum of two meetings per year. Alternates should only attend in exceptional circumstances following discussion with the chair and his approval.
- Declare any conflicts of interest and know that these will be managed appropriately in accordance with the NCEC Conflicts of Interest policy.
- Act as ambassadors and advocates for the NCEC.
- Participate in Sub-groups.
4.4 Additional Role and Responsibilities of the NCEC Chair

The NCEC Chair will have responsibility for providing leadership and coordinating the work of the NCEC and NCEC Sub-groups, and for managing the relationship with the Chief Medical Officer, the Clinical Effectiveness Unit and the Minister for Health.

The Chair shall:
- Set and manage the agenda for each NCEC meeting to ensure the efficient use of time for each meeting.
- Manage declarations of conflict of interest as they arise, according to the NCEC policy.
- Encourage broad and effective participation from members.
- Conclude each meeting with a summary of decisions and assignments.
- Sign off meeting minutes once approved by the NCEC.
- Submit NCEC-recommended clinical guidelines and audit through the Chief Medical Officer to the Minister for Health for endorsement.
- Act as the liaison with the NCEC Sub-groups through their Chairs and or CEU staff.
- Nominate an alternate should the Chair be unable to attend a meeting.
- Organise the national symposia/conference, usually on an annual basis.
- Contribute to and sign off on the NCEC’s Annual Report.

4.5 Role and Responsibilities of NCEC Sub-group Members

Members of the NCEC Sub-groups shall:
- Develop documents to support and govern the work of NCEC.
- Submit all documents and reports through its Chair to the NCEC.
- Attend NCEC meetings as required.

4.6 Additional Role and Responsibilities of NCEC Sub-group Chairs

The Chair of the NCEC Sub-groups will have responsibility for providing leadership and coordinating the work of the Sub-groups, and for managing the relationship with the Chair of the NCEC. The Chair shall:
- Agree membership, final terms of reference and quorum for Sub-group and submit to NCEC for approval.
- Set the agenda for each NCEC Sub-group meeting.
- Steer the discussion according to this agenda.
- Manage declarations of conflict of interest as they arise according to the NCEC policy.
- Encourage broad participation from members in discussion.
- End each meeting with a summary of decisions and assignments.
- Sign off meeting minutes once approved by the NCEC Sub-group.
- Submit reports, proposals assessments and other documents as relevant prepared by the NCEC Sub-groups to the NCEC Chair for consideration.
- Act as the liaison with the NCEC, through its Chair and or CEU staff.
- Attend NCEC meetings as required.
- Nominate an alternate should the Chair be unable to attend a meeting.
5. Working arrangements of the NCEC

- A minimum of 8 NCEC members are required for decision-making purposes. The quorum must include the Chair (or nominee).
- Meetings will be held at regular intervals, ideally two at the start of the year and two at the end of year in line with work requirements. Additional meetings may be required. The venue for each meeting will be in the Department of Health.
- Documentation will be prepared and sent to members by the NCEC secretary, at least five working days in advance of NCEC meeting. Documentation will include the agenda, minutes of previous meeting, a progress report prepared by the Chair of the NCEC Sub-group and any other required documentation/information to be considered at the meeting.
- The NCEC or NCEC Sub-groups may invite external experts to assist or advise with particular pieces of work.

6. Decision Making Methods

NCEC Committee

6.1 For each of the decisions it is assumed that there is a quorum to enable decision making at the meeting.

6.2 The preferred decision making method by the NCEC shall be that of consensus. Consensus decisions are those that signify the acceptance of all members of the group of the proposal, after discussion of various viewpoints on the proposal. Whilst all members of the group may have made specific representations on certain aspects of the proposal, which may be at variance, there is consensus agreement by the group on the proposal for decision.

6.3 In the event that consensus cannot be reached, the decision making method that shall be applied will be a majority. In this instance at least half of the group members should agree on the same result on the proposal.

6.4 In the event that there is a tied vote using the majority decision making method, the deciding vote shall be made by the Chairperson or his/her designate of the group.

6.5 The decision making method, excluding those made by consensus, shall be noted on the minutes of the meeting for transparency. Where decisions are referred to the NCEC by the NCEC Sub-groups the outcomes, including the decision making method shall also be recorded by the NCEC.

6.6 The decision by the NCEC shall be final, unless new evidence emerges that may materially alter the proposal and its decision. In this instance, the new evidence should be submitted in writing to the NCEC Chairperson for discussion and decision at the NCEC meeting.

NCEC Sub-groups

6.7 For each of the decisions it is assumed that there is a quorum to enable decision making at the meeting.

6.8 The preferred decision making method by NCEC Sub-groups shall be that of consensus. Consensus decisions are those that signify the acceptance of all members of the group of the
proposal, after discussion of various viewpoints on the proposal. Whilst all members of the group may have made specific representations on certain aspects of the proposal, which may be at variance, there is consensus agreement by the group on the proposal for decision.

6.9 In the event that consensus cannot be reached, the decision making method that shall be applied will be a majority. In this instance at least half of the group members should agree on the same result on the proposal.

6.10 In the event that there is a tied vote using the majority decision making method, the Chairperson shall refer the decision to the NCEC for decision. In so doing, the Chairperson shall prepare a short note on the proposal and the alternative views offered in the discussions, to outline the advantages and disadvantages of the proposal as discussed by the group.

6.11 Once referred to the NCEC the Chairperson of the NCEC shall formally invite the Chairperson of the Sub-group to attend the meeting to provide an overview of his/her report to the NCEC.

6.12 The NCEC shall use the decision making method as outlined in section 6.1 to 6.6 to arrive at a decision on the proposal.

6.13 The NCEC (Chairperson) shall formally write to the Chairperson of the NCEC Sub-group advising of the NCEC decision on the matter.

6.14 The decision by the NCEC shall be final, unless new evidence emerges, that was not available at the time of original decision making, and that could materially alter the decision. In this instance the Chairperson of the NCEC Sub-group shall discuss the matter at the Sub-group for Sub-group decision. However, in instances where the NCEC has had a decision referred to it by an NCEC Sub-group, all subsequent decisions, where new evidence has emerged on this particular matter must be referred back to the NCEC as outlined in 5.9, notwithstanding that the NCEC Sub-group has reached consensus on the matter. In this instance, the Chairperson of the NCEC Sub-group must note the decision of the NCEC Sub-group in this matter in his/her report. The NCEC shall use the decision making method as outlined in section 5.1 to 5.6 to arrive at a decision on the proposal, with the updated evidence, and shall communicate its decision as outlined in 5.13.

6.15 The decision making method, excluding those made by consensus, shall be noted on the minutes of the meeting of the NCEC Sub-group for transparency, including those that were referred to the NCEC for decision. In such cases, the record of the communication by the NCEC shall form part of the overall record of the meeting.
### Appendix 1 NCEC Membership (from May 2015)

<table>
<thead>
<tr>
<th>Category</th>
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<td>Mental Health Commission</td>
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<td></td>
<td>Nursing and Midwifery Education Bodies</td>
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