

Medical Advisory Committee (MAC) Terms of Reference

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1 Purpose

The Medical Advisory Committee (MAC) is a formal committee established by the Board to provide clinical leadership, medical governance, and expert advice on matters relating to the delivery of safe, effective, evidence-based medical care within the hospital.

The MAC supports the Board, Program Manager, by overseeing medical practice, professional standards, clinical quality, and client safety across all Alcohol and Other Drug (AOD) and Mental Health services.

The Committee ensures that medical services are delivered in accordance with:

- Victorian Mental Health and Wellbeing Act 2022
- Health Services Act 1988 (Victoria)
- National Safety and Quality Health Service (NSQHS) Standards
- National Clinical Governance Framework
- Medical Board of Australia requirements
- Australian Health Practitioner Regulation Agency (AHPRA) standards
- Relevant Department of Health Victoria policies and service agreements
- Hospital bylaws, policies, and clinical governance requirements

2 Scope

The Committee's responsibilities extend to all medical practitioners and medical services provided within the organisation, including:

- Psychiatric Services
- General Medical Services
- Mental Health Inpatient Services
- AOD Withdrawal Services
- Residential Rehabilitation Services
- Consultation-Liaison Services
- Telehealth Services
- Visiting Medical Officer (VMO) Services
- Medical education and training programs

The Committee has oversight of all employed and accredited medical practitioners, including:

- Psychiatrists
- Addiction Medicine Specialists
- Medical Officers
- Psychiatry Registrars
- Addiction Medicine Registrars
- Locum Medical Practitioners
- Visiting Medical Officers

3 Functions and Responsibilities

3.1 Medical Governance

The Committee shall:

- Provide leadership in medical governance and professional standards.
- Advise the Board on medical matters affecting client care.
- Promote a culture of excellence, accountability, safety and continuous improvement.
- Review the effectiveness of medical governance systems.
- Monitor compliance with professional, legal and ethical obligations.

3.2 Quality and Safety

The Committee shall oversee:

- Clinical quality indicators.
- Client safety outcomes.
- Medical incident reviews.
- Sentinel events and serious adverse events.
- Mortality and morbidity review processes.
- Medication-related incidents.
- Management of high-risk clinical presentations.

Specific focus areas include:

- Self-harm incidents.
- Suicide-related events.
- Substance-related overdose events.
- Withdrawal complications.
- Aggression and behavioural emergencies.
- Polypharmacy risks.
- Restrictive interventions.
- Mental health deterioration events.
- Acute physical deterioration events.

3.3 Medical Practice Standards

The Committee shall:

- Promote evidence-based clinical practice.
- Review clinical policies, protocols and guidelines.
- Support implementation of contemporary standards of psychiatric and addiction medicine practice.
- Monitor adherence to approved clinical pathways.
- Review outcomes of clinical audits and benchmarking activities.

3.4 Medication Governance

The MAC shall provide medical oversight of:

- Safe prescribing practices.
- Psychotropic medication management.
- Opioid substitution therapy and pharmacotherapy programs.
- Controlled drugs management.
- High-risk medication monitoring.
- Medication-related adverse events.

The Committee shall work closely with Pharmacy Services.

3.5 AOD and Dual Diagnosis Services

The Committee shall monitor:

- Medical management of withdrawal services.
- Opioid dependence treatment.
- Management of substance-induced mental health conditions.
- Co-occurring mental illness and substance use disorders.
- Abstinence strategies.
- Emerging drug trends and associated clinical risks.

3.6 Mental Health Clinical Governance

The Committee shall oversee:

- Psychiatric assessment and treatment standards.
- Use of compulsory assessment and treatment processes.
- Suicide prevention initiatives.
- Risk assessment and management practices.
- Recovery-oriented treatment approaches.
- Care coordination and discharge planning standards.

3.7 Workforce Capability and Professional Development

The Committee shall:

- Promote continuing professional development.
- Monitor mandatory training compliance.
- Support medical supervision and mentorship.
- Promote wellbeing of the medical workforce.
- Review workforce capability and succession planning.
- Monitor training requirements for psychiatric and addiction medicine trainees.

3.8 Clinical Risk and Incident Review

The Committee shall review:

- Significant adverse events.
- Clinical complaints relating to medical care.
- Coroner's findings or recommendations.
- Medical negligence claims.
- External review findings.
- Trends in clinical incidents involving medical practitioners.

The Committee shall recommend corrective actions and monitor implementation.

3.9 Accreditation and Regulatory Compliance

The Committee shall:

- Support organisational accreditation activities.
- Review compliance with clinical standards and regulations.
- Monitor medical practice compliance with relevant legislation.
- Address recommendations arising from accreditation reviews, audits and inspections.

4 Authority

The Medical Advisory Committee is authorised to:

- Access relevant medical governance information.
- Request attendance of clinicians, managers or external experts.
- Review professional performance matters.
- Establish working groups or subcommittees.
- Make recommendations to the Program Manager and Board regarding medical appointments and clinical privileges.

The Committee acts in an advisory capacity and does not exercise powers reserved to the Board or Program Director unless formally delegated.

5 Membership

Membership should include:

Voting Members

- Chief Medical Officer/Director of Medical Services (Chair)
- Addiction Medicine Specialist
- Senior Staff Psychiatrist
- Director of Nursing
- Program Manager
- Quality and Safety Manager

Non-Voting / Ex-Officio Members

- Program Director
- Clinical Governance Manager
- Human Resources Representative
- Medical Administration Representative
- Pharmacist (as required)
- Legal Advisor (as required)

The Committee may co-opt additional members as necessary to provide specialist expertise.

6 Meetings

- Meetings shall occur at minimum quarterly.
- Extraordinary meetings may be convened by the Chair.
- Agenda and papers shall be distributed one week prior to meetings.
- Minutes shall be maintained and reported to the Board Clinical Governance Committee.
- Attendance requirements shall be monitored.

7 Quorum

A quorum shall consist of:

- Fifty percent of appointed voting members; and
- The Chair (or delegated deputy)

8 Reporting

The Committee shall report to the Board Clinical Governance Committee and/or Board through regular reports on:

- Medical workforce matters
- Credentialing and scope of practice recommendations
- Quality and safety performance
- Significant incidents and investigations
- Clinical risk issues
- Accreditation and compliance outcomes
- Medical governance initiatives

9 Key Areas for Routine Monitoring

The Committee shall monitor:

- Credentialing compliance
- Scope of practice reviews
- Serious adverse events
- Mortality and morbidity reviews
- Suicide and self-harm incidents
- Medication safety indicators
- Pharmacotherapy outcomes
- Readmission rates
- Clinical complaints
- Coroner-related matters
- Training and CPD compliance
- Medical workforce vacancies and turnover

10 Review

These Terms of Reference shall be reviewed every three years, or earlier if required by legislative, regulatory, accreditation, or organisational changes.

11 Approved by: Clinical Board of Governance Version: 1.0