

KPJ HEALTHCARE BERHAD TERMS OF REFERENCE OF THE GROUP MEDICAL ADVISORY COMMITTEE

1. INTRODUCTION

The Group Medical Advisory Committee (MAC) was formed in 2002 to initiate as well as to oversee clinical governance activities undertaken by the Group.

2. OBJECTIVE

Clinical Governance is a framework through which KPJ is accountable for continuously improving the quality of the service and ensuring patient safety by creating an environment in which excellence in clinical care will flourish.

The Clinical Governance Committees at the Group level are formed to discuss various clinical issues and to initiate clinical governance activities.

- i. To ensure professional, ethical conduct and competent clinical performance amongst Medical Professional including Medical Officers in the Group.
- ii. To strengthen existing systems for quality care, based on achieving the highest clinical standards through systematic and regular performance review, utilization of evidence-based practice and learning from the lessons of poor performance.
- iii. The clinical governance framework is supported by the seven pillars that include clinical effectiveness, clinical audit, risk management, education and training, patient involvement, use of information and, staffing and management.

3. COMPOSITION

- i. The Chairman of Group Medical Advisory Committee is a Senior Medical Professional nominated and approved by KPJ Healthcare Berhad.
- ii. **Members** of The Group Medical Advisory Committee consist of:
 - a. President and Managing Director of KPJ Healthcare Berhad (1),
 - b. Chairman of all the Group Clinical Governance Committees and Chairman of KPJ Medical Directors (6).
 - c. Medical Professionals approved by the KPJ Healthcare Berhad.
 - d. Group Head of KPJ Business Operations (1).
 - e. Group Head of Clinical Medical Services (1).
- iii. Any other personnel may be invited to attend the meeting at the discretion of the Chairman.

4. MEETINGS – FREQUENCY, QUORUM & MINUTES

- i. The Committee shall meet at least four (4) times annually and at such other times as the Committee deems appropriate and necessary.
- ii. **Members** who participate in the meeting via virtual, video or teleconferencing device shall be counted to determine a quorum.
- iii. The quorum for the committee meeting shall be at least 50% and more of **Members** in attendance.
- iv. The minutes of the meeting shall be action-oriented and record the deliberations and decisions of the Group Medical Advisory Committee. This includes the key points of deliberations, the rationale for each decision / resolution and any other significant concerns or dissenting views.
- v. In the event the Chairman is unable to attend the Committee meeting, the **Members** present may elect any one of the Chairman of the Clinical Governance Committees who is present to be the Chairman of the meeting.
- vi. Draft minutes of the meetings shall be circulated to the **Members** within fourteen (14) working days of the meeting.

5. SECRETARIAT

The secretariat for the Group Medical Advisory Committee meeting will be appointed from the Clinical Services.

6. AGENDA

- i. The notice and agenda of the Group Medical Advisory Committee meeting shall be issued and circulated confirming the venue, time and date at least fourteen (14) days before each meeting to the Group Medical Advisory Committee **Members**.
- ii. The meeting agenda shall be the responsibility of the Chairman with input from the Group Medical Advisory Committee **Members**.
- iii. The paper / material of each agenda for each meeting shall be circulated at least five (5) days before each meeting to the Group Medical Advisory Committee **Members**.
- iv. The Chairman may also invite members of Management of KPJ Healthcare Berhad and other persons to participate.

7. DUTIES AND FUNCTIONS

The duties and functions of the Group Medical Advisory Committee shall include but not limited to the following:

- i. Review and recommend the Group's clinical governance that includes policies, guidelines, standard operating procedures and clinical compliance framework for the approval of the Board to inculcate a safe, healing, ethical environment and promulgate good clinical governance practices that are consistent with the Board's business direction and risk tolerance. These shall be guided by applicable Laws, Rules and Regulations of the Ministry of Health and Country, The Private Healthcare Facilities and Services Act 1998 and the Regulations, including but not limited to, the

Malaysian Code on Corporate Governance, Malaysian Medical Council's Code of Professional Conduct and KPJ Healthcare Berhad's Code of Clinical Practice

- ii. To receive and review reports from:
 - a. The Central Credentialing and Privileging Committee (CCPC) performs and undertake the following:
 - 1) CCPC Members perform the credentialing process for all clinicians who wish to join the KPJ Group of Hospitals based on recommendations by the hospital. This is to ensure that the clinicians meet the minimum credentialing requirements before being appointed by the hospitals.
 - 2) CCPC Members review the Assessing Fitness to Practice of Doctors after Retirement Age (AFPDAR) based on the recommendations by the hospital.
 - b. The Clinical Governance Policy Committee (CGPC) performs and undertake the following:

Review and develop clinical policies that arise from:

 - 1) Medical Quality Improvement activities at the KPJ Group of Hospitals.
 - 2) Established medical evidence-based or medical best practices.
 - 3) Assessment of new medical technology or new medical innovation.
 - 4) The Law and Regulatory requirements including National / International Professional Bodies and Academies.
 - 5) Requests from the Medical Directors, Consultants, Hospital Management and other staff, etc.
 - c. The Clinical Governance Action Committee (CGAC) performs and undertake the following:
 - 1) Review the adequacy of clinical compliance programme of the KPJ Group of Hospitals.
 - 2) The implementation of the Clinical Audit, Mortality and Morbidity reviews, Clinical Performance Indicators and others.
 - 3) Control measures to ensure ongoing awareness programme, communication, training and education on compliance.
 - 4) Analytic reports from Clinical Indicators.
 - d. The Clinical Risk Management Committee (CRMC) performs and undertake the following:
 - 1) Review on strategic corrective and preventive measures, approve best practices standards based on root cause analysis and recommended continuous improvement initiatives.
 - 2) Analytic Reports from Incident Reporting and Prevention and Control of Infection.
 - e. The Research and Quality Innovation Committee (RQIC) performs and undertake the following:
 - 1) Review and recommend on Research Proposals from Investigators who wish to conduct research in KPJ Group of Hospitals.
 - 2) Quality Innovation projects for service improvement.
 - f. The Clinical and Research Ethics Review Committee (CRERC) performs and undertake the following:
 - 1) Development of guidelines based on clinical ethics issues.

- 2) Review and advise the research proposals and projects recommended by the Research and Quality Innovation Committee on research ethics issues.
- iii. To consider other governance and compliance matters as directed by the Board or Management of KPJ Healthcare Berhad.
- iv. The Group Medical Advisory Committee **Members** after convening a meeting will review all the above and recommend to adopt, approve or to disapprove.

8. LIMIT OF AUTHORITY

- i. Group MAC has delegated authority from KPJ Healthcare Berhad in respect of its functions and duties specified in the Terms of Reference.
- ii. Group MAC has authority to investigate any relevant clinical matters within its Terms of Reference and to obtain such information as it may require which extends across all relevant businesses owned, controlled and governed by KPJ Group.

9. REPORTING TO THE BOARD

The Chairman of the Group Medical Advisory Committee shall prepare a report to the Board of KPJ Healthcare Berhad following each meeting. The report will cover matters as set out in the Group Medical Advisory Committee's duties, functions and resolutions or recommendations of the **Members**.

10. ACCESS TO INFORMATION

The Group Medical Advisory Committee has the right to obtain all information necessary for the performance of its duties and functions including obtaining relevant records and data from the KPJ Group of Hospitals and companies while observing at all times the Privacy and Confidentiality of the records and data and the Personal Data Protection Act.

11. REVIEW

The terms of reference shall be reviewed at least every three years interval to ensure that it reflects the current best practices in clinical governance.

12. WRITTEN CIRCULAR RESOLUTION

- i. Decisions by the Group Medical Advisory Committee meeting is made via written resolution by circulation.
- ii. Decisions made via written circular resolution is deemed effective after being approved / executed by at least 51% or more of the **Members**.
- iii. The written circular resolution shall be circulated to KPJ Group of Hospitals via the Chairman of Group Medical Advisory Committee.

13. DISTRIBUTION OF RESOLUTIONS

- i. Resolutions of Group Medical Advisory Committee shall be sent to all the KPJ Medical Directors / Chief Executive Officers / General Managers and a copy to the Executive Directors or Chief Nursing Officers where relevant.