Appendix 6: Drug and Therapeutics Committees Checklist (version 1)

The purpose of these Guiding Principles for Drug and Therapeutics Committees (DTCs) is to provide guidance on the scope and function, form, operations and processes and communication of DTCs (or equivalent) associated with Australian public hospitals. This will provide DTCs support in achieving effective medicines management governance and promote national consistency.

The Guiding Principles (GPs) are a starting point against which the DTC may review their roles and responsibilities. The checklist is based on these principles and should be used to assess current DTC operations to identify the gaps in functions and/or areas for improvements.

Each section commences with the GPs that are relevant to the section, followed by a list of questions, which can be answered ‘yes’ or ‘no’. If the answer is ‘no’, this is an area the DTC may wish to investigate further and endeavour to improve.

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| **SCOPE and FUNCTIONS** | **Yes** | **No** | **Comment** |
| **GP 1**: The medicines management system of each health service organisation should be under the governance of a DTC within a hospital, health district/network or state/territory. | Is the medicines management system of your health service organisation under the governance of a DTC? | ☐ | ☐ |  |
| **GP 2**: DTCs should have clear terms of reference that articulate its position within a hospital, local health district/network or state/territory clinical and corporate governance structure. DTCs should consider the local environment when defining their functions. | Has the relevant Executive Group formally agreed the remit of the DTC? Is there clarity about the status of decisions made, i.e. is the DTC decision-making or advisory? | ☐ | ☐ |  |
| Does the DTC have clear terms of reference as defined in GP 2? | ☐ | ☐ |  |
| Is there a defined quorum? Is there a formalised process for decision-making, e.g. voting or consensus? | ☐ | ☐ |  |
| Do the DTC terms of reference include a statement dealing with conflicts of interest? | ☐ | ☐ |  |
| **GP 3**: DTCs should consider the local environment when defining their functions. | Are the functions of the DTC defined according to the local environment? | ☐ | ☐ |  |
| **FORM** | **Yes** | **No** | **Comment** |
| **GP 4:** DTCs should have formalised reporting structures to the organisation’s executive or clinical governance lead. | Does the DTC have a formalised structure that is articulated in the organisational chart or the organisation’s governance framework? | ☐ | ☐ |  |
| Are there direct links from the DTC to clinical governance and/or the executive? | ☐ | ☐ |  |
| Is the authority and accountability for decision-making clearly defined and fully communicated to relevant stakeholders? | ☐ | ☐ |  |
| **GP 5:** Membership of the DTC should be multidisciplinary, with a range of expertise and skills to reflect the functions of the DTC. | Is the membership of the DTC multidisciplinary? Does it include representatives across a range of disciplines, e.g. medical, nursing and pharmacy? | ☐ | ☐ |  |
| Does the expertise of the membership reflect the decisions the DTC is being asked to make? Is there a suitable mix of clinical and managerial professionals? | ☐ | ☐ |  |
| Do members have the appropriate range of skills? | ☐ | ☐ |  |
| Does the DTC and/or its subcommittees have consumer representation? | ☐ | ☐ |  |
| Is there provision (financial and time) for identifying and meeting the training and development needs of DTC members?  | ☐ | ☐ |  |
| Is there access to adequate ongoing training and resources to support the DTCs’ work?  | ☐ | ☐ |  |
| Is there a process for accessing additional specialist skills when making decisions and providing advice, when necessary? | ☐ | ☐ |  |
| **GP 6:** DTCs may establish subcommittees to manage specific tasks.  | Is there a mechanism to manage specific tasks and projects, as required? Have subcommittees been established to manage specific tasks?  | ☐ | ☐ |  |
| **OPERATION and PROCESSES** | **Yes** | **No** | **Comment** |
| **GP 7:** Standardised procedures for decision-making regarding formulary management need to be defined and applied. | Have procedures for formulary management been agreed by the DTC and documented? | ☐ | ☐ |  |
| Is there a standard template/application form for formulary submissions? | ☐ | ☐ |  |
| Does the DTC have clearly defined criteria to be considered in decision-making for formulary management regarding the use of a medicine, including risks and benefits, financial and ethical considerations?  | ☐ | ☐ |  |
| Are there procedures for reviewing formulary decisions based on subsequent evidence? For example, when treatment outcomes are poor or new clinical trial data are available. | ☐ | ☐ |  |
| **GP 8:** Standardised procedures for decision-making regarding individual patient requests need to be defined and applied. | Have procedures for individual patient requests been agreed by the DTC and documented? | ☐ | ☐ |  |
| Is there a standard template/application form for individual patient use requests? | ☐ | ☐ |  |
| Does the DTC have clearly defined criteria to be considered in decision-making for individual patient requests regarding the use of a medicine, including risks and benefits, financial and ethical considerations? | ☐ | ☐ |  |
| Are there defined procedures in place to manage urgent individual patient requests and are these appropriate? | ☐ | ☐ |  |
| Is the minimum documentation required for urgent requests defined?  | ☐ | ☐ |  |
| Is there a defined process to appeal a decision?  | ☐ | ☐ |  |
| **GP 9:** Standardised processes and documentation should be implemented by the DTC. | Are there standard templates for agendas, minutes and executive decisions (with supporting notes)? | ☐ | ☐ |  |
| Does the DTC have transparent and accessible documentation which describes how decision-making procedures were applied, and the rationale for each decision which can be reviewed and/or audited?  | ☐ | ☐ |  |
| Are decisions minuted with clear rationale, decision points and action required? | ☐ | ☐ |  |
| Does the DTC have a policy which defines timely decision-making and communication of outcomes?  | ☐ | ☐ |  |
| Where, due to unusual or unexpected circumstances, defined timeframes are unlikely to be achieved, is this explained to the relevant stakeholders and a realistic timeframe proposed?  | ☐ | ☐ |  |
| Is there a set agenda prior to each meeting? Is there provision for proactive and responsive agenda items and a mechanism for stakeholders to submit items for consideration?  | ☐ | ☐ |  |
| **GP 10:** DTCs should be both proactive and responsive to issues arising and develop an annual work plan. | Does the DTC develop and follow an annual work plan informed by local issues and horizon scanning, nationally and internationally? | ☐ | ☐ |  |
| **GP 11:** DTCs should undertake risk assessments within the health service organisation with respect to medicines use and apply strategies to mitigate that risk. | Does the DTC undertake risk assessments within the health service organisation with respect to medicines use? When risks are identified, are strategies identified and recommended to mitigate that risk? | ☐ | ☐ |  |
| **GP 12:** DTCs should identify and prioritise a systems improvement plan and assign responsibilities and timeframes for completion. | Is there a framework for the implementation and ongoing monitoring of decisions to ensure that criteria for decision-making are being consistently applied?  | ☐ | ☐ |  |
| Does the DTC identify and implement quality improvement activities when needed, assigning responsibilities and timeframes for completion?  | ☐ | ☐ |  |
| **GP 13:** DTCs should have in place monitoring systems to evaluate their effectiveness. | Are the terms of reference and membership regularly reviewed to reflect organisational or functional changes?  | ☐ | ☐ |  |
| Does the DTC use a meaningful tool to evaluate their current practice and progress? Is there an assurance process to monitor its effectiveness and to enable learning to be incorporated into future process improvements?  | ☐ | ☐ |  |
| **COMMUNICATION** | **Yes** | **No** | **Comment** |
| **GP 14:** DTCs should develop a communication strategy that ensures timely, effective and appropriate information for the intended audience. | Is there a communication strategy for the timely and effective dissemination of decisions? For example, detailing method of communication, frequency, format and recipients. | ☐ | ☐ |  |
| Is responsibility assigned for communicating decisions? | ☐ | ☐ |  |
| Is there a communication process to ensure relevant information reaches the correct audience?  | ☐ | ☐ |  |
| **GP 15:** DTCs should promote the medicines management pathway by engaging with internal and external stakeholders. | Does the DTC engage with and involve relevant stakeholders, e.g. local health networks and primary healthcare networks? | ☐ | ☐ |  |
| Is continuity of medication management taken into consideration when making decisions? | ☐ | ☐ |  |
| **RESOURCES** | **Yes** | **No** | **Comment** |
| **GP 16:** DTCs should be adequately resourced to undertake their functions and responsibilities. | Are resources available to support audit of the DTC’s activities, in terms of internal functions and outcomes of decisions/recommendations? | ☐ | ☐ |  |
| Does the DTC have appropriate resources to support the secretariat functions, e.g. agenda setting, documentation, follow-up of actions and minute taking? | ☐ | ☐ |  |
| Do members have adequate time to spend on DTC activities, such as attend meetings, and review meeting papers and supporting documents?  | ☐ | ☐ |  |
| Is the DTC resourced to provide training where appropriate for its members? | ☐ | ☐ |  |

[Adapted with permission from: National Prescribing Centre. Supporting rational local decision-making about medicines (and treatments). A handbook of good practice guidance. Liverpool, UK: National Prescribing Centre; 2009.]