



CLINICAL QUALITY COMMITTEE TERMS OF REFERENCE

1. Name

The name of the APM Committee shall be 'APM Clinical Quality Committee'

2. Purpose of the Committee

The Committee will focus on

- matters pertaining to medical workforce planning including analysis and dissemination of data and associated reports relating to current and future workforce needs of medical staff and advanced clinical practitioners from other professional groups. They will act as a reference source to the Executive Committee on workforce matters
- Encouraging the use of data, such as dependency scores and outcome measures, to improve the quality of medical practice and explore their role in benchmarking the promotion of quality improvement activities including audit and service evaluation such as FAMCARE and the audit prize.
- sharing of intelligence relating to in Palliative Care and Medicine across the membership such as relevant national reports, NICE guidelines, Cochrane reviews etc
- supporting the consultant workforce to provide clinical leadership especially in the first 5 years of becoming a consultant
- the processes and standards of medical appraisal and revalidation and will liaise with appropriate bodies including RCP, NHS England and Hospice UK.

3. Committee Membership

Six elected members including the Chair with the following areas of interests, roles and links. An individual member may cover one or more of the areas listed below:

- Lead for FAMCARE or assistant
- Specialty Advisory Committee (SAC) in Palliative Medicine Representative
- Link with the Medical Workforce Committee or the Royal College of Physicians
- SSAS Representative
- Junior Representative
- Role relating to revalidation and appraisal such as a Responsible Officer, Medical appraisal lead or medical appraiser

4. Term of office

Chair	3 years
Committee Members	4 years

No Committee member may serve more than two terms and/or serve more than one term as chair, providing a maximum of 11 years. The chair/office bearers can serve more than three years, only by agreement with the Executive Committee.

5. Accountability

The Quality and Clinical Affairs Committee is accountable to the APM Executive Committee. After each sitting of the Committee, the minutes will be shared with the APM Executive Committee. This may be supported as needed with a telephone discussion of key areas of importance with a member of the “Executive”

An annual summary board report relating to the activity of the Committee will be produced for the annual general meeting

6. Election

Ballot of all members of the APM including non-medical members

Chair will be elected by ballot of Committee members through the Secretariat.

7. Meetings

Frequency of meetings: 4 times per year

The Committee can have a maximum of two face to face meetings per year. Covid rules permitting, the Committee will aim to meet face to face at least once a year. The remaining meetings will be virtual using MS Teams or zooms

All meetings will be arranged in conjunction with the APM Secretariat, to ensure that meetings/calls are coordinated with other Committees and that value for money is achieved.

A meeting should be considered quorate if the Chair (or their deputy is present) plus 50% of other members.

If any member does not attend more than 50% of the meetings in a year their position on the Committee will be vacated unless the exec approves their continued membership due to special circumstances.

8. Funding

Venues for meetings and travel expenses will be funded by the APM.

(See *expenses policy*)

9. Review period

2 yearly