

Victorian Policy Advisory Committee on Technology (VPACT)

Terms of reference for role, function & governance

Health Technology is rapidly changing. In order to ensure the Victorian public health system stays at the forefront of health technology investment, and to ensure a smooth, transition of new health technology into routine clinical practice and retirement of a health technology that offers little or no health gain, the Victorian Department of Human Services (the department) established the Victorian Policy Advisory Committee on Technology (VPACT) in 2004. VPACT comprises a diverse group of individuals, including specialists from the health sector and academic sector and consumer representation.

The activities of VPACT complement and supplement those being undertaken by the Health Policy Advisory Committee on Technology (HealthPACT) at the national level. HealthPACT advises the Australian Health Ministers' Advisory Committee, the Medical Services Advisory Committee (MSAC) and all jurisdictions, through horizon scanning activities, on new and emerging health technologies that have the potential to impact on the Australian health care system over the next three years.

VPACT:

- Makes recommendations to the department on the identification, prioritisation, introduction and evaluation of new and existing health technologies
- Addresses specific issues relating to the introduction of new health technology in Victoria
- Considers good practice management of medical and surgical supplies regarding the use of new or existing technologies or clinical practices leading to recommendations on both investment and disinvestment.

Scope of health technologies considered by VPACT

Health technology considered by VPACT comprises diagnostic and treatment interventions in the acute setting, including prostheses, implantable devices, diagnostic tests, medical and surgical procedures and high-cost pharmaceuticals.

Independent review of the role, function and governance of VPACT

In order to strengthen the effectiveness and capability of VPACT, the department undertook a formal independent review of the role, function and governance of VPACT. This review was completed in May 2009 following extensive stakeholder consultation and its recommendations have been endorsed by VPACT and by the department. The review is available at www.health.vic.gov.au/newtech.

In addition to the review of VPACT, the Victorian Department of Treasury and Finance undertook an independent assessment of Victoria's approach to health technology and the decision-making process for new health technology introduction. This report has further informed the refinement of the role, function and governance of VPACT.

These independent reports were considered in detail by the department and have resulted in a refined process for both VPACT and the New Technology Program. This includes: i) revised role, function and governance of VPACT, ii) the introduction of an expression of interest (EOI) process for recruitment of members to, and the Chair of,

VPACT, and iii) the introduction of an EOI process to the annual New Technology Program funding submission process.

The revised VPACT Terms of Reference have been endorsed by VPACT and the department. These will come into effect in July 2009.

VPACT role and function

VPACT will enable/facilitate a systematic approach to the investment, introduction and use of new and existing health technologies in, and disinvestment of health technologies that offer little or no gain from, public health services in Victoria.

The role of VPACT is to advise and make recommendations on:

- New technologies with potential implications for public health services
- Nationally Funded Centre applications put forward by Victorian health services
- Priorities for the introduction and use of new health technologies
- Identification and consideration of areas and health technologies for investment
- Policy and procedures for best practice for introduction and use of new and existing health technologies in public health services
- Requirements for evaluating and monitoring the introduction and use of new health technologies in public health services
- The assessment of Clinical effectiveness and cost-effectiveness of new and of existing health technologies
- Dissemination of information regarding the introduction and use of emerging, new and existing health technologies
- Strategies for the recognition and management of Health technologies that may be ineffective or offer little health gain.

VPACT will also liaise with the following bodies:

- New technology committees in Victorian public health services that consider the local assessment and adoption of new health technologies
- HealthPACT on the introduction of new and emerging technology in the Australian health care system
- The National Institute for Clinical Studies
- Established committees in other jurisdictions providing advice on introducing new health technology
- Other health technology assessment agencies nationally and internationally, such as Health Technology Assessment international (HTAi) and International Network of Agencies for Health Technology Assessment (INAHTA).

Principles underpinning the deliberations and recommendations of VPACT:

- Health and safety for patients, clinicians and the community is paramount.
- Broad-based stakeholder consultation is considered.
- Ethics procedures are in place to protect patients, clinicians and the community.
- Appropriate institutional committees approve technology for use.
- Evidence-based practice informs conditions and logistics for new health technology introduction.
- Patient information and informed consent procedures are established.
- Appropriate, credentialed and trained staff are in place to assist with new health technology implementation.
- Risk management procedures are in place to reduce adverse events.
- There is no conflict of interest between a provider and health technology supplier.

VPACT governance

VPACT membership:

Membership criteria for VPACT directly reflects the role of VPACT in the provision of information, advice and recommendations regarding the introduction and use of new and existing, and disinvestment of ineffective, health technologies in the public sector.

VPACT members will encompass relevant clinical, academic or consumer advocacy knowledge, expertise and experience in the following areas:

- Evidence-based review
- Clinical practice of medicine
- Quality and safety
- Health service delivery
- Health technology assessment
- Data management
- Health economics.

To be eligible for membership, potential members will be required to demonstrate a combination of one or more of these areas. Applications from individuals sitting on public health service new technology committee would be advantageous.

VPACT member recruitment:

The department will advertise EOIs when seeking to appoint new members. Applications in writing would be forwarded to a nominated departmental officer.

VPACT Chair:

Eligibility for nomination to the position of VPACT Chair will require a combination of one or more of the areas listed above. Expressions of interest would be forwarded to a nominated departmental officer for consideration by the department and VPACT. The position of Chair of VPACT will be for two years, with an opportunity for extension of an additional two years if there are no nominations from other members. Prior membership of VPACT would be an advantage.

Term of VPACT membership:

Membership of VPACT will be for a period of two years, after which time members may seek to be reappointed to a second two-year term. During the term of appointment, members will be required to give at least one month's notice prior to exiting membership. Members will be appointed for a maximum of two two-year terms unless no other nominations with relevant expertise and experience are received and/or the member is supported unanimously by all other members.

Disqualification of VPACT membership:

Members who do not attend at least three meetings per annum will automatically lose their membership unless extenuating circumstances can be proven. Substitution of appointed members will not be permitted.

Conflict of interest and confidentiality:

VPACT members must ensure that any real or potential conflict of interest arising in regard to matters under discussion by VPACT is made known at the commencement of each VPACT meeting. This is particularly noted when considering funding submissions from health services where members practise. Where discussion ensues on a matter in which the VPACT member has declared a real or potential conflict of interest, the VPACT member will comply with the identified method of addressing any such conflicts, which may require absenting him/herself from partaking in that discussion.

VPACT members must ensure that any information acquired or created for VPACT consideration is only used for performing duties as a VPACT member. Members may not use their knowledge of confidential VPACT issues to provide inequitable benefit gain or advantage to any individual, private or public agency or group. The Chair of VPACT will provide both guidance and direction on issues of conflict of interest.

VPACT meetings:

VPACT meets face-to-face up to four times per year and by teleconference as necessary. This may vary on the number and scope of issues and initiatives being considered. Clinical experts may be invited to attend VPACT meetings and contribute to its activities. Meetings will be held with a minimum of four weeks notice.

Decisions of VPACT will be made by consensus. If consensus is not possible, a majority of the meeting will suffice. For a decision or recommendation, a quorum will comprise half of all VPACT members plus one. Applicants making submissions to VPACT are not to canvas VPACT members, although they may be requested to present submission to VPACT in person.

Notification of VPACT recommendations:

After VPACT makes its recommendations, departmental endorsement of the recommendations is sought through the Executive Director, Metropolitan Health and Aged Care Services. The department will then formally notify the relevant health service Chief Executive Officer (CEO) and lead applicant.

For successful submissions, departmental officers will arrange a meeting with the lead applicant and other relevant health service staff (usually new technology committee Chair, Chief Finance Officer or delegate, clinical service unit manager or equivalent, relevant clinical staff) to consider implementation requirements, costs, monitoring and reporting requirements, an implementation plan and funding.

Challenge to VPACT recommendations:

Applicants who wish to challenge a VPACT recommendation should present their case in writing within 60 days of receiving written notification of the decision. A challenge should be endorsed by the CEO of all health services participating in the submission. The department will seek to clarify the issues; actions may include seeking further independent expertise and, if appropriate, further review by VPACT.

Operations:

Time-limited panels may be formed to oversight oversee particular projects or assemble advice on a specific issue. Such panels: will be chaired by a VPACT member, may coopt independent members, may seek other expert opinion in pursuit of information and will report to VPACT. External consultants may be contracted by the department to undertake a review of a health technology to inform VPACT consideration. VPACT will oversee this process. The panels will provide information to VPACT; VPACT may use this information to provide advice.

Secretariat:

Programs Branch, Metropolitan Health and Aged Care Services Division, Department of Human Services, will provide secretariat support for VPACT.

Enquiries/Contact:

Enquiries can be directed to Ms Siegi Schmidmaier, Senior Policy Officer, phone 9096 1296 or email siegi.schmidmaier@dhs.vic.gov.au.